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National Highway
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**Calspan SRL Corporation
[REDACTED], New York 14225**

CALSPAN ON-SITE AIR BAG/CHILD FATALITY INVESTIGATION

CALSPAN CASE NO. 96-16

VEHICLE : 1996 DODGE CARAVAN

LOCATION: FLORIDA

CRASH DATE: [REDACTED], 1996

Contract No. DTNH22-94-D-07058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

TECHNICAL REPORT STANDARD TITLE PAGE

| | | | |
|--|--|--|-----------|
| 1. Report No. 96-16 | 2. Government Accession No. | 3. Recipient's Catalog No. | |
| 4. Title and Subtitle Calspan On-Site Air Bag/Child Fatality Investigation Vehicle #1 - 1996 Dodge Caravan Location - Florida | | 5. Report Date: [REDACTED] 1997 | |
| 7. Author(s) Accident Research Group | | 6. Performing Organization Code | |
| 9. Performing Organization Name and Address Transportation Sciences Center Accident Research Group Calspan SRL Corporation P.O. Box 400 [REDACTED] New York 14225 | | 10. Work Unit No. [REDACTED] | |
| 12. Sponsoring Agency Name and Address U.S. Department of Transportation National Highway Traffic Safety Administration Washington, D.C. 20590 | | 13. Type of Report and Period Covered Technical Report Crash Date: [REDACTED] 1996 | |
| 15. Supplementary Notes On-site investigation of an intersection crash that resulted in deployment of the Dodge Caravan's driver and passenger side air bag system and the subsequent death of an infant right front occupant who was positioned in a rear-facing child restraint. | | 14. Sponsoring Agency Code | |
| 16. Abstract This on-site investigation focused on a two-vehicle intersection-type crash that resulted in the death of a 7 week old infant female. The infant was secured in a rearward-facing Century infant restraint that was positioned in the right front of a 1996 Dodge Caravan. The Dodge Caravan was equipped with driver and passenger side air bags which deployed as a result of the crash. | | | |
| The deploying passenger side air bag contacted the leading edge of the plastic shell and fractured the shell of the restraint. The infant was restrained in the child safety device by the integral 3-point harness system. Her head was presumably positioned at the upper area of the restraint and as a result of air bag contact, the infant sustained a transverse skull fracture that extended across the top of the skull from ear-to-ear (AIS-2), unspecified brain contusions (AIS-3), cerebral lacerations (AIS-4), subarachnoid hemorrhage (AIS-3), and subdural hemorrhages (AIS-4). | | | |
| The infant was transported from the scene by fire rescue personnel to a local trauma center where she expired upon arrival. | | | |
| 17. Key Words On-site investigation Air bag deployment Rearward-facing infant restraint Child fatality | | 18. Distribution Statement General Public | |
| 19. Security Classif. (of this report) Unclassified | 20. Security Classif. (of this page) Unclassified | 21. No. of Pages 18 | 22. Price |

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CALSPAN ON-SITE AIR BAG/CHILD FATALITY INVESTIGATION

CALSPAN CASE NO. 96-16

VEHICLE: 1996 DODGE CARAVAN

LOCATION: FLORIDA

CRASH DATE: [REDACTED], 1996

SUMMARY

This on-site investigation focused on a 7 week old infant female who was positioned in a rearward-facing child restraint in the right front of a 1996 Dodge Caravan. The Caravan was equipped with driver and passenger side air bags which deployed as a result of a moderate severity front-to-side impact configuration with a 1966 Chevrolet Impala. The passenger side air bag module cover flap and the deploying air bag contacted and fractured the plastic shell of the restraint. As a result of bag deployment against the child restraint, the infant sustained a transverse skull fracture that extended across the top of the skull from ear-to-ear (AIS-2), a fracture that extended through the right middle cranial fossa and petrous bones (AIS-3), unspecified brain contusions (AIS-2), focal subarachnoid hemorrhage (AIS-3), subdural hemorrhages (AIS-2), and lacerations of the right orbital and inferior temporal lobes (AIS-4). The infant was removed from the child restraint by the driver (mother) of the Dodge Caravan and was subsequently transported by ambulance to a local trauma center where she expired upon arrival.

The investigating police officer determined that the deploying air bag was the primary mechanism for the fatal injuries sustained by the infant and notified NHTSA of the crash on [REDACTED]. The Calspan Special Crash Investigation team was immediately notified by NHTSA of the crash and initiated an on-site investigation on [REDACTED].

The crash occurred at a four-leg intersection of two local streets in an urban residential area in [REDACTED], 1996, during nighttime hours. Weather conditions were police reported as overcast with rain, therefore the asphalt road surfaces were wet. Both roadways were straight and level with posted speed limits of 48 km/h (30 mph). The east/west legs of the intersection were regulated by stop signs. There were no traffic controls for north/southbound traffic flow.

The Dodge Caravan was traveling in a westerly direction on an approach to the intersection at a police estimated speed of 32 km/h (25 mph). The 37 year old female driver of the Caravan failed to stop for the regulatory stop sign and entered the intersection. There was no evidence of braking (i.e., skid marks) to support avoidance actions, however, based on the impending crash data, the driver of the Caravan probably braked in an attempt to avoid the crash, or was traveling at a speed that was less than the police estimated speed. The 1966 Chevrolet Impala was traveling in a northerly direction on the intersecting roadway at a police estimated speed of 32 km/h (25 mph). As the Impala entered the intersection, the vehicle was struck on the right rear quarter panel by the frontal area of the Caravan.

The full frontal area of the Dodge Caravan impacted the right rear quarter panel of the Chevrolet Impala which resulted in respective force directions of 11 and 2 o'clock. The impact compressed the Caravan's bumper fascia and crushed the bumper reinforcement bar to a maximum depth of 32.4 cm (12.75") located 15.9 cm (6.25") right of the vehicle's centerline. The Chevrolet sustained 15.2 cm (6.0") of sheetmetal crush located on the quarter panel at the forward edge of the wheel opening. Collision Deformation Classifications of 11-FDEW-2 and 02-RZEW-1 were encoded for the Caravan and Impala respectively. The damage algorithm of the SMASH program computed velocity changes of 19 km/h (12 mph) for the Caravan and 18 km/h (11 mph) for the Impala. The longitudinal component of the Caravan's deceleration was sufficient to deploy the vehicle's driver and passenger side air bag system.

The driver of the Caravan was a 37 year old female with a police reported height of 167.6 cm (66.0") and weight of 63.5 kg (140.0 lbs.). She was not wearing the manual 3-point lap and shoulder belt system. There was no loading evidence on the belt system and minimal wear marks on the latchplate from routine usage. The D-ring was adjusted to the lowest adjustment point. The driver's manually adjusted seat track was positioned at mid track, 10.8 cm (4.25") rearward of the full forward position, with the seat back reclined to 25 degrees at the lumbar support area. At impact, the driver initiated a trajectory that was forward and to her left. She loaded the deployed driver's side air bag which prevented her from contact with the steering assembly and/or windshield. And as a result, the driver was not injured.

The driver had positioned her infant daughter in a rearward-facing Century infant restraint in the right front of the Dodge Caravan. The model number of the infant restraint was identified as [REDACTED] and the date of manufacture was identified as [REDACTED] 94. Numerous warning labels were affixed to the restraint, however, none of the labels addressed rearward-facing restraints and passenger side air bags. The right front seat track was adjusted to the full forward position with the seat back reclined to 25 degrees at the lumbar support region. With the right front seat adjusted to this position, the upper area of the infant seat was positioned against the mid-mount passenger side air bag module cover flaps. At impact, the passenger side air bag deployed from symmetrical H-configuration cover flaps. The air bag module cover flaps opened against the back side of the plastic shell of the restraint. White vinyl-type transfers were noted across the full width of the cover flap. Two similar transfers were noted to the upper corner areas of the lower cover flap. The deploying air bag membrane subsequently expanded against the shell of the restraint, which in combination with the cover flap contact, severely fractured the shell of the restraint.

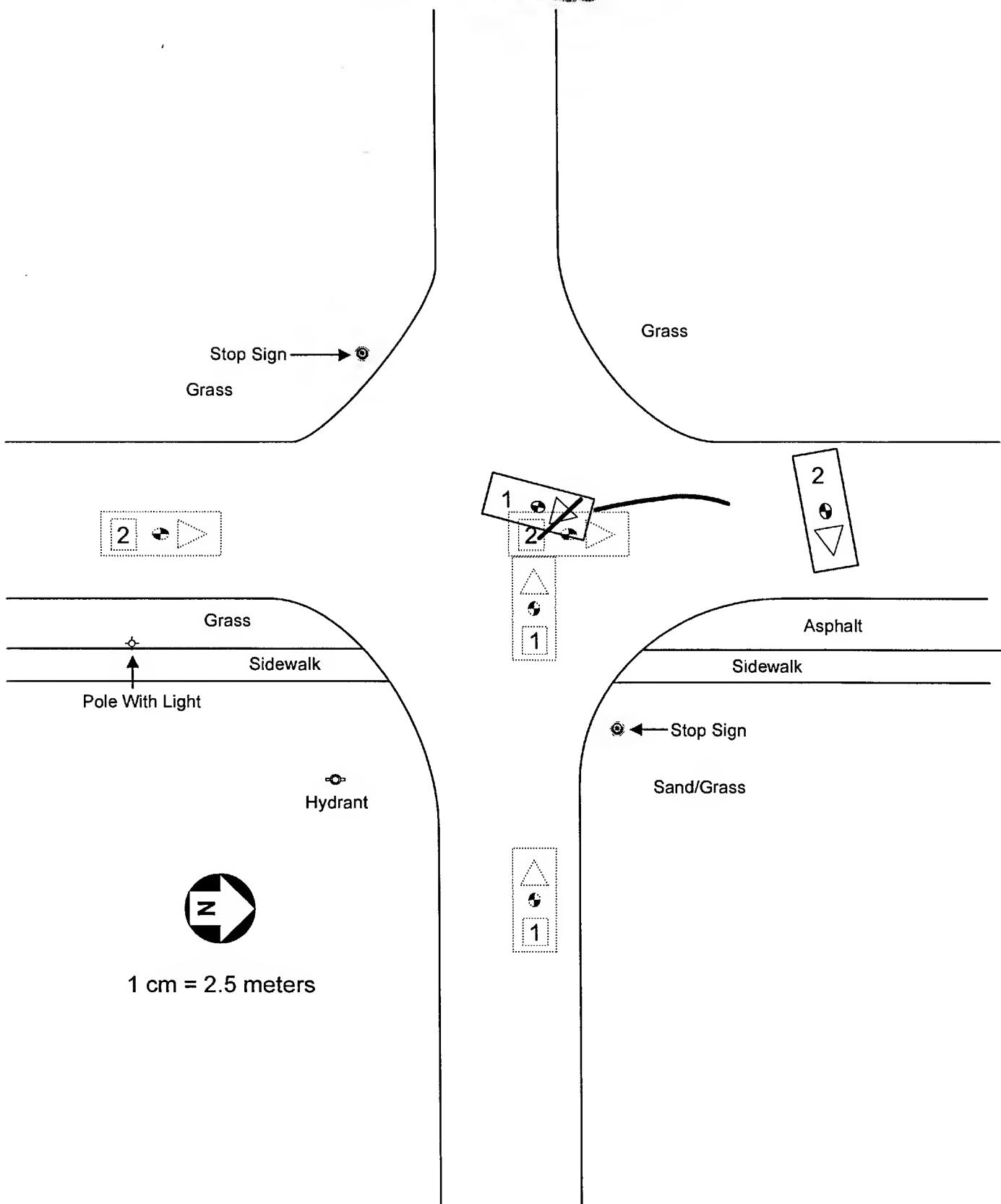
The infant was assumed to have been properly positioned in the restraint with her head resting in the vicinity of the air bag module cover flaps. Deployment of the passenger side air bag against the rearward-facing infant restraint resulted in a transverse skull fracture that extended across the top of the skull from ear-to-ear (AIS-2), a fracture through the middle cranial fossa and petrous bones (AIS-3), unspecified brain contusions (AIS-2), thin subdural hemorrhage (AIS-4), small lacerations of the right orbital and inferior temporal lobes (AIS-4), and focal subarachnoid hemorrhage (AIS-3).

As the vehicle came to rest within the confines of the intersection, the driver (mother) removed the infant from the fractured restraint and cradled the child at the scene of the crash. Neighbors at the

crash site assisted the driver and offered an adjoining house as shelter while awaiting the arrival of emergency personnel. The investigating officer noted that the driver initially refused to allow paramedics and police to examine and treat the infant. She subsequently relinquished the infant to paramedics who transported her to a [REDACTED] center where she expired following arrival. An autopsy was performed on the day following the crash. The medical examiner noted that there were no external injuries to the infant and that the infant was extremely small for the age of 7 weeks.

The integral 3-point harness of the child restraint was intact within the shell of the restraint with the latchplate buckled into the center mounted buckle unit at the time of vehicle inspection. The center plastic shoulder belt clip was positioned near the latchplate with the belts twisted between the clip and the buckle. Body fluid stains (blood) were prominent on the belt webbing. Based on these stains and the position of the buckle assembly, the infant was probably restrained in the rear-facing child restraint with the belts positioned around her body. In addition, the vehicle's 3-point lap and shoulder belt webbing was positioned through the upper loops of the restraint, however, the latchplate was not buckled into the mid mounted buckle assembly. The driver probably attempted to unbuckle the manual belt webbing in an attempt to remove the child from the restraint. She was subsequently charged with an alcohol related driving offense and the death of her daughter.

CRASH SCHEMATIC
CALSPAN CASE NO. 96-16
LOCATION:FLORIDA
CRASH DATE: [REDACTED] 1996



CALSPAN ON-SITE AIR BAG/CHILD FATALITY INVESTIGATION
CALSPAN CASE NO. 96-16
VEHICLE: 1996 DODGE CARAVAN
LOCATION: FLORIDA
CRASH DATE: [REDACTED], 1996

CRASH DATA

Location: Four-leg intersection
State: Florida
Area/Type: Urban/Residential
Crash Date/Time: [REDACTED] 1996, nighttime hours
Investigating Police Agency: [REDACTED]
Crash Type: Minivan/car, front-to-side impact configuration
Air Bag Vehicle Occupant
Injury Severity: Driver - Not injured
Right Front Passenger - Fatal outcome (AIS-4)

AMBIENCE

Viewing Conditions: Dark, not lighted
Weather: Overcast
Precipitation: Rain
Road Surface: Wet

HIGHWAY

| | <u>Air Bag Vehicle</u> | <u>Vehicle #2</u> |
|------------------|------------------------|-------------------|
| Type: | Local street | Local street |
| Number of Lanes: | 2 | 2 |
| Width: | 6.4 m (21.0') | 7.2 m (23.6') |
| Surface: | Asphalt | Asphalt |
| Median: | None | None |

| | | |
|------------------------------------|--|---|
| Edge: | North edge - sand/grass South edge - sand/grass | West edge - asphalt/grass East Edge - grass/sidewalk |
| Vertical Alignment: | Level | Level |
| Horizontal Alignment: | Straight | Straight |
| Estimated Coefficient of Friction: | .60 | .60 |
| Traffic Density: | None | None |

TRAFFIC CONTROLS

| | <u>Air Bag Vehicle</u> | <u>Vehicle #2</u> |
|--------------|------------------------|-------------------|
| Signals: | None | None |
| Signs: | Stop sign | None |
| Markings: | None | None |
| Speed Limit: | 48 km/h (30 mph) | 48 km/h (30 mph) |

VEHICLES

| | <u>Air Bag Vehicle</u> |
|----------------------|---|
| Description: | 1996 Dodge Caravan, 7 passenger configuration minivan |
| V.I.N.: | ████████████████████ (production number omitted) |
| Date of Manufacture: | ████96 |
| Color: | White |
| Odometer: | Unknown |
| Engine: | 2.4 liter, 4 cylinder |
| Transmission: | Automatic, column mounted transmission selector lever |
| Steering: | Power-assisted |
| Brakes: | Power-assisted front disc/rear drum, no anti-lock (ABS) |
| Padding: | Upper and mid instrument panel, soft-edged steering wheel rim and air bag module covers, side door panels, door armrests, captain's chair center fold-down armrests, sunvisors, headliner, integral head restraints |

| | |
|-----------------------|--|
| Manual Restraints: | Three-point continuous loop lap and shoulder belt systems in the front seated positions with single mode inertia activated locking retractors and adjustable D-rings. Three-point lap and shoulder belt systems in the outboard positions of the second and third seats with a center lap belt for the third seat. |
| Automatic Restraints: | Driver and passenger side air bag Supplemental Restraint System (SRS) which deployed as a result of the frontal impact with the right side of the 1966 Chevrolet. |
| Defects: | None |
| Tow Status: | Towed due to vehicle damage |

Vehicle #2

| | |
|----------------------|---------------------------------------|
| Description: | 1966 Chevrolet Impala, 2-door hardtop |
| V.I.N.: | 166476D (production number omitted) |
| Date of Manufacture: | Not recorded |
| Color: | Blue |
| Odometer: | 186,239 km (115,727 miles) |
| Engine: | V-8 |
| Manual Restraints: | None, removed |
| Defects: | None |
| Tow Status: | Towed due to vehicle damage |

VEHICLE DAMAGE

Exterior:

Air Bag Vehicle

The full frontal area of the Dodge Caravan impacted the right rear quarter panel of the 1966 Chevrolet Impala which resulted in moderate damage to the Caravan. The impact separated the front bumper fascia from the reinforcement bar, therefore the crush profile was documented at the face of the reinforcement bar. Maximum crush was 32.4 cm (12.75") located 12.1 cm (4.75") right of the vehicle's centerline. The crush values at the bumper reinforcement bar were as follows: $C_1 = 4.1$ cm (1.6"), $C_2 = 16.3$ cm (6.4"), $C_3 = 26.9$ cm (10.1"), $C_4 = 32.4$ cm (12.75"), $C_5 = 16.0$ cm (6.3"), $C_6 = 11.7$ cm (4.6").

VEHICLE DAMAGE (CONT'D.)

Exterior (Cont'd.):

Air Bag Vehicle

Components damaged by the crash included the front bumper fascia, bumper reinforcement bar, grille, hood, upper radiator support panel, and the right front fender.

CDC: 11-FDEW-2

Repair Cost: \$4,000.00 (police estimate)

Exterior:

Vehicle #2

The Chevrolet Impala sustained moderate damage to the right rear quarter panel from its impact sequence with the Dodge Caravan. Maximum crush was 15.2 cm (6.0") located 41.9 cm (16.5") forward of the right rear axle. The direct contact damage began 72.4 cm (28.5") forward of the right rear axle and extended 188.0 cm (74.0") rearward. The combined induced and direct contact damage began at the left B-pillar and extended 215.6 cm (84.9") rearward to the trailing end of the quarter panel. The crush profile was documented at a height of 61.0 cm (24.0") above ground level (mid-door level) and was as follows: $C_1 = 0$ cm (0"), $C_2 = 13.3$ cm (5.25"), $C_3 = 11.4$ cm (4.5"), $C_4 = 8.6$ cm (3.4"), $C_5 = 13.3$ cm (5.25"), $C_6 = 1.9$ cm (0.75").

In addition to the right rear quarter panel damage, the left rear tire and wheel were damaged due to the post-crash rotation of the vehicle. The outboard aspect of the tire bead separated from the rim resulting in an air out of the tire and gouging of the sidewall. The aftermarket steel wheel was gouged from contact with the asphalt road surface during the post-crash spin-out.

Interior:

Air Bag Vehicle

Interior damage to the Dodge Caravan was limited to the deployment of the driver and passenger side air bag system and the subsequent damage that resulted to the rearward-facing infant restraint. There was no occupant contact damage or intrusion of interior components.

The driver's side air bag deployed as designed from the H-configuration module cover flaps. A blood and dirt-like stain was noted to the mid right side of the driver bag. This stain occurred post-crash as the driver attended to the injured infant right front occupant. It should be noted that the steering wheel was rotated 180 degrees at the time of our inspection and remained in this position for the photographic documentation which is included as Attachment A of this report.

VEHICLE DAMAGE (CONT'D.)

Interior (Cont'd.):

Air Bag Vehicle

The passenger side air bag deployed from the symmetrical flap configuration module that was mounted within the mid instrument panel of the vehicle. The passenger side air bag membrane and the upper module cover flap exhibited evidence of contact with the back side of the rearward-facing Century infant restraint. A 5.1 cm (2.0") vertically oriented tear was noted to the bottom panel of the passenger side air bag. The frayed fabric ends were singed from the hot gas venting through the tear point. The contact evidence is identified in the Automatic Restraint System section of this report.

In addition to the passenger side air bag contact evidence, an oily semi-circular transfer was located on the windshield 12.7-19.7 cm (5.0-7.75") right of center and 33.0-43.2 cm (13.0-17.0") above the top surface of the upper instrument panel. An inverted U-shaped transfer, which was a possible passenger side air bag fabric transfer, was located on the windshield 33.0-39.4 cm (13.0-15.5") right of center and 40.6-45.7 cm (16.0-18.0") above the top surface of the upper instrument panel. A horizontal white vinyl transfer was noted to the black plastic trim of the mid instrument panel and the center vent louver located 10.2-16.5 cm (4.0-6.5") right of center. This transfer resulted from probable contact by the carrying handle rear facing child restraint. Body fluid stains (blood) were noted on the right front lap belt segment that extended across the rearward-facing child restraint. The stains were located 69.9-88.9 cm (27.5-35.0") above the floor anchorage. The glove compartment door was open at the time of inspection and the right vent louver was separated from its instrument panel mount. Both components were displaced from distortion of the instrument panel which resulted from the deployment of the passenger side air bag system against the restraint. The fabric headliner above the right front seat had two small tears which probably resulted from fragments of the plastic shell of the child restraint.

AUTOMATIC RESTRAINT SYSTEM

The 1996 Dodge Caravan was equipped with a Supplemental Restraint System (SRS) that consisted of dual driver and passenger side air bags which deployed as a result of the front-to-side crash sequence with the Chevrolet Impala. The driver side air bag was incorporated into the steering wheel hub assembly in a typical configuration while the passenger side air bag was mounted into the mid right instrument panel of the Caravan.

The driver side air bag deployed as designed from an H-configuration asymmetrical air bag module cover assembly that was contained within the three-spoke steering wheel assembly. At the time of vehicle inspection, the steering wheel was rotated 180 degrees, however, all documentation relating to the driver side air bag is referenced as though the wheel was in a straight ahead 12/6 o'clock position. The H-configuration flaps opened at the designated horizontal and vertical tear points and were hinged at the top and bottom. The upper module cover flap had an overall height of 4.4 cm (1.75") and was 17.6 cm (6.9") wide at

AUTOMATIC RESTRAINT SYSTEM (CONT'D.)

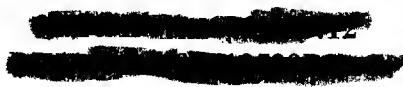
the center tear seam. At 1.9 cm (0.75") above the tear seam, the sides of the cover flap curved inward to the hinge width of 13.3 cm (5.25"). The lower module cover flap was also 17.6 cm (6.9") wide with a height of 9.5 cm (3.75"). Both sides of the flap narrowed 7.0 cm (2.75") below the center tear seam to the lower hinge width of 7.6 cm (3.0"). The upper cover flap was approximately 0.3 cm (0.125") in thickness while the lower flap was 0.6 cm (0.25") thick. SRS AIRBAG were molded into the lower cover flap below the Chrysler logo.

The driver side air bag was approximately 67.3 cm (26.5") in diameter in its deflated state and was constructed of two independent fabrics. The outer panel (panel facing the driver) was a typical woven nylon fabric with an apparent liner coating on the inner surface while the woven nylon inner panel was lighter in weight and porous. There were no vent ports in the bag, therefore the bag probably exhausted through the porous inner panel. The bag was tethered by two internal tether straps at the 3 and 9 o'clock positions. The tether strap reinforcement was sewn to the face of the bag with a double row of circular red stitching in a 16.5 cm (6.5") diameter pattern. A bar coded identification label was sewn to the bag at the 6 o'clock sector adjacent to the inflator. The labeling was as follows:



There was no driver contact evidence on the driver side air bag. A 5.1 x 11.4 cm (2.0 x 4.5") warning label was on the back side of the left sun visor with no advisory label on the exposed side of the visor. The warning label is documented in Photograph No. 44 of Attachment A. The integral vanity mirror in the left sunvisor was intact.

The passenger side air bag assembly was a mid mount configuration, incorporated within the contour of the right instrument panel. The module was concealed behind two symmetrical cover flaps which opened in an H-configuration. The cover flaps opened as designed along the center horizontal tear seam and side surfaces with top and bottom hinges for the respective cover flaps. The symmetrical vinyl cover flaps measured 28.3 cm (11.1") horizontally and 6.4 cm (2.5") vertically. SRS AIR BAG was molded into the lower right quadrant of the upper cover flap. The upper cover flap was bowed outward 1.5 cm (0.6") at the midpoint by the deploying air bag as the rearward-facing child restraint impeded the deployment path of the bag membrane. The underside of the lower cover flap had a bar coded label with the following information:



AUTOMATIC RESTRAINT SYSTEM (CONT'D.)

The underside of the upper cover flap had a similar bar coded label with the following:

[REDACTED]
[REDACTED] (four unreadable characters)

The face of the passenger side air bag module upper cover flap had heavy white vinyl transfers from contact with the back of the rearward-facing infant restraint. These transfers extended across the entire face of the upper flap. Two transfers that were 2.5 cm (1.0") in height were located on the outboard aspects of the upper flap as a result of contact with the child restraint handle. They were both located 3.3 cm (1.3") above the center tear point with the left transfer extending 5.1 cm (2.0") inboard of the left edge and the other transfer extending 14.0 cm (5.5") inboard of the right vertical edge. The plastic carry handle of the child restraint was completely fractured at the midpoint with a 10.2 cm (4.0") section separated by the upper air bag module flap. Also located on the upper module flap were four vertically oriented white vinyl transfers which matched to the four vertical reinforcements of the back side of the plastic shell of the restraint. The vertical heights from left to right were as follows: 1.3 cm (0.5"), 3.8 cm (1.5"), 3.2 cm (1.25"), and 3.2 cm (1.25"). The respective lateral locations from the left vertical edge of the cover flap were as follows: 3.2 cm (1.25"), 6.4 cm (2.5"), 17.1 cm (6.75"), and 21.6-24.1 cm (8.5-9.5"). The lower air bag module cover flap had a white vinyl transfer located at the upper left corner which extended downward 1.9 cm (0.75") from the center tear seam and 2.5 cm (1.0") right of the left vertical edge. A 2.5 cm (1.0") vertical black vinyl transfer was located along the upper tear seam 7.6-4.4 cm (3.0-1.75") inboard of the right vertical edge.

The passenger side air bag was a non-tethered bag with no vent ports. The bag probably exhausted through the porous membrane. The rearward excursion of the passenger side air bag was 58.4 cm (23.0") from the module and 45.7 cm (18.0") from the protruding mid instrument panel. The throat of the bag extended 25.4 cm (10.0") outboard of the inflator to the seam attaching the bag to the inflator assembly. The wide band of stitching was used as a reference point to locate contact evidence that was observed on the bag. The vertical height of the face of the bag was 68.6 cm (27.0") and the width was 47.0 cm (18.5"). Vertically oriented blue cloth transfers were noted on the passenger side air bag from contact with the fabric liner of the child restraint. A 5.1 cm (2.0") long vertical tear was located on the left side of the bag at the stitched seam. The frayed edges of the tear were scorched from the hot gas exhausting from the bag (refer to Photograph No. 59).

MANUAL RESTRAINTS

The Dodge Caravan was equipped with manual 3-point lap and shoulder belt systems in the front seated positions. The belt systems consisted of a single mode inertia-activated locking retractor with a continuous loop belt webbing on a sliding latchplate. Both front belt systems were equipped with adjustable D-rings. The driver side adjustable D-ring had 9.5 cm (3.75") of vertical adjustment and was adjusted to the lowest position. The right front D-ring was also set to the lowest position. The lower anchorage of the belt webbings were mounted to the sills of the vehicle. The driver side latchplate had routine wear marks which indicate frequent usage, however, the belt system exhibited no evidence of loading. The right belt webbing was looped through the child restraint with the latchplate unbuckled (refer to Photograph No. 77). Body fluid (blood) was noted on the right front lap belt 69.9-88.9 cm (27.5-35.0") above the floor anchorage.

CHILD RESTRAINT

The infant restraint was a rearward-facing Century Model No. [REDACTED] that was positioned in the right front of the Dodge Caravan. The restraint was manufactured on [REDACTED]/94. Positioning and usage warning labels were affixed to the lateral aspects of the plastic shell, however, there was no air bag warning labels on the Century infant restraint. The restraint was equipped with an adjustable carrying handle that was mounted to the mid aspect of the shell. The restraint was equipped with an integral 3-point harness system to secure a infant within the shell of the restraint. A plastic chest clip was affixed to the belt webbings to position the belts across the shoulders and torso of the child within the harness system. The harness was equipped with a latchplate that buckled into position between the child's legs. An adjustment for the shoulder harness was located on the back of the child restraint. The harness belts were positioned in the upper adjustment slots which were designed for a larger infant. The child safety seat was covered with a thick multi-color padded seat covering made of a polyester fabric. Underlying the covering was a dense 2.1 cm (0.8") thick foam padding. In addition to the OEM covering, an aftermarket head support collar was utilized by the driver to support the head of the 7 week old infant. A level indicator was attached to left side of the restraint shell which contained a ball which rolled into a green sector when the restraint was installed correctly and into a red zone when installed incorrectly (refer to Photograph No. 73).

The Century infant restraint was equipped with a detachable base. The base was not used by the driver on this crash related trip. The base was found on the rear floor area of the vehicle and was not damaged. The vehicle's lap belt webbing was properly looped through the designated slots that were incorporated into the top of the plastic shell (refer to Photograph No. 78).

The restraint was positioned between the seat back support and the mid mount passenger side air bag module assembly. At impact, the deploying air bag and symmetrical cover flaps contacted the upper aspect of the shell. The contact fractured the shell in both the vertical and longitudinal directions. The lower outboard aspect of the restraint had a 21.6 x 17.8 cm (8.5 x 7.0") section that was completely separated from the shell.

COLLISION SEQUENCE

Pre-Crash:

The 37 year old female driver of the 1996 Dodge Caravan (Vehicle #1) secured her 7 week old female infant in a rearward-facing Century infant restraint in the right front position of the vehicle. The restraint was secured in the vehicle with the manual lap belt and the infant was secured in the restraint with the integral 3-point harness. The right front seat track was adjusted to the full forward position with the seat back reclined to 25 degrees at the lumbar support region. The upper area of the child restraint was positioned against the mid mount passenger side air bag module cover flaps. The driver was not wearing the manual 3-point lap and shoulder belt system.

The driver of the Dodge Caravan was traveling in a westerly direction on an approach to a four-leg intersection at a police reported speed of 32 km/h (25 mph). East/westbound traffic flow through the intersection was controlled by stop signs. The driver apparently failed to detect the stop sign and proceeded into the intersection to continue in an westerly direction. The 1996 Chevrolet Impala was traveling in a northerly direction on an intersecting roadway at a police reported speed of 32 km/h (25 mph). There were no traffic controls for north/southbound traffic flow. The driver of the Caravan probably braked immediately prior to impact, however, there was no evidence of avoidance actions (i.e., skid marks) observed at the crash scene.

Crash:

The full frontal area of the Dodge Caravan struck the right rear quarter panel of the Chevrolet Impala. Resultant directions of force were 11 o'clock for the Dodge Caravan and 2 o'clock for the Chevrolet Impala. Velocity estimates were computed by the damage algorithm of the SMASH program at 19 km/h (12 mph) for the Dodge Caravan and 18 km/h (11 mph) for the struck Chevrolet Impala. The longitudinal component of -17 km/h (-11 mph) was sufficient to deploy the Caravan's supplemental driver and passenger side air bag system.

The lateral component of the impact force rotated the Caravan in a clockwise (CW) direction on the wet asphalt road surface. The vehicle's center of gravity (CG) continued in a westerly direction as the Caravan rotated approximately 104 degrees CW. A left front tire scuff evidenced the trajectory of the vehicle and its final rest position was documented by the investigating police officers.

The 1966 Chevrolet Impala was impacted rearward of its CG location which induced a CW rotation to the vehicle. The vehicle's CG traveled approximately 18 m (59') in a westerly direction on the asphalt road surface as the vehicle rotated approximately 79 degrees CW. The left rear tire sustained an air out during the rotation which allowed the aftermarket steel wheel to gouge against the asphalt road surface which resulted in superficial damage to the wheel and tire.

COLLISION SEQUENCE (CONT'D.)

Post Crash:

Final Rest -

The Dodge Caravan came to rest approximately 4.5 m (14.8') forward of its impact position. At rest, the vehicle was positioned near the mid point of the intersection facing in a northerly direction. The 1966 Chevrolet Impala came to rest approximately 11.2 m (37.1') east of its impact position. At rest, the Impala was facing in an easterly, perpendicular to the roadway.

Driver Activities -

Immediately following the crash, the driver of the Dodge Caravan removed the infant from the child restraint and the vehicle. Local residents notified police of the crash and offered their house as shelter to the driver of the Caravan from the inclement weather. As police and rescue personnel arrived on-scene, the driver initially prevented emergency personnel from attending to her injured infant. The driver of vehicle #2 remained at the scene and waited for the arrival of the police.

Rescue Activities -

Rescue personnel subsequently transported the child to a [REDACTED] center where she expired on-arrival. Driver #2 was transported by ambulance to a [REDACTED] where he was treated for minor injuries and released.

Police Activities -

The driver of the Dodge Caravan was transported by police to police headquarters where she was administered an alcohol test. She was subsequently charged with an alcohol related driving offense and the death of her child. It should be noted that this driver was [REDACTED] of a previous child restraint [REDACTED]

Scene Clearance -

Both vehicles sustained disabling damage and were towed from the scene.

HUMAN DEMOGRAPHICS/OCCUPANT DATA

Air Bag Vehicle

| | Driver | Right Front Occupant |
|--------------------------------------|--|---|
| Age/Sex: | 37 year old female | 7 week old female |
| Height: | 167.6 cm (66.0") | 53.3 cm (21.0") |
| Weight: | 63.5 kg (140.0 lbs) | 4.5 kg (10.0 lbs.) |
| Manual Restraint System Usage: | Not wearing the lap and shoulder belt system | Rear-facing infant restraint secured with the right front lap belt |
| Usage Source: | Police accident report and vehicle inspection | Vehicle inspection |
| Eyewear: | Unknown | None |
| Vehicle Familiarity: | Unknown | |
| Route Familiarity: | Unknown | |
| Trip Plan: | Returning to residence | |
| Type of Medical Treatment: | None | Transported by ambulance to a local trauma center where she expired on- arrival |

DRIVER INJURIES

| Injury | Injury Severity (AIS-90) | Injury Mechanism |
|---------------|---------------------------------|-------------------------|
| Not injured | N/A | N/A |

DRIVER KINEMATICS

The driver of the Dodge Caravan was presumably in a normal upright position at impact with the Chevrolet Impala with her seat adjusted to a mid-track position, 10.8 cm (4.25") rearward of the full forward position. The seat back was reclined to 25 degrees measured at the lumbar support region. She was not wearing the manual 3-point lap and shoulder belt system. There was no loading evidence on the belt system and there were minimal wear marks from routine usage. At impact the driver initiated a trajectory in response to the 11 o'clock impact force and loaded the deployed driver's side air bag which prevented her from possible injury with the steering wheel assembly and/or windshield.

RIGHT FRONT OCCUPANT INJURIES

| Injury | Injury Severity (AIS-90) | Injury Mechanism |
|---|---------------------------------|---|
| Transverse fracture of the skull that extended from side-to-side parallel to, rearward, and close to the coronal suture line | Moderate (150402.25) | Deploying passenger side air bag and module cover flaps |
| Skull fracture extends and branches in the right middle cranial fossa and petrous bones with a branching linear fracture of the right orbital plate | Serious (150202.38) | Deploying passenger side air bag and module cover flaps |
| Thin subdural hemorrhage over the convexity of the brain | Severe (140650.42) | Deploying passenger side air bag and module cover flaps |
| Subdural hemorrhage in the middle cranial fossa, more of the right | Severe (140650.41) | Deploying passenger side air bag and module cover flaps |
| Small lacerations of the right orbital and inferior lobes of the brain | Severe (140688.41) | Deploying passenger side air bag and module cover flaps |
| Focal subarachnoid hemorrhages | Severe (140684.31) | Deploying passenger side air bag and module cover flaps |
| Unspecified brain contusions | Serious (140602.39) | Deploying passenger side air bag and module cover flaps |
| Scalp hemorrhages of the posterior and superior aspects | Minor (190402.16, 190402.15) | Deploying passenger side air bag and module cover flaps |

RIGHT FRONT OCCUPANT KINEMATICS

The 7 week old female passenger was positioned in a rearward-facing Century Model [REDACTED] infant restraint. She was probably properly secured by the integral 3-point harness. Although the position of the infant in the restraint was not witnessed by emergency personnel on-scene, blood stains on the webbing supported usage of the harness system. The infant restraint was secured in the right front passenger seat by the manual lap belt. The manual belt webbing was positioned through the upper loops of the child restraint. The D-ring for the right front belt system was adjusted to the lowest position. The restraint was designed with a detachable base, however, the base was not used. The base was found in the rear floor area of the vehicle. The right front seat track was adjusted to the full forward track position with the seat back reclined to 25 degrees at the lumbar support region. This seat track position placed the upper aspect of the infant restraint against the mid-mount passenger side air bag module assembly with the infant's head resting in the vicinity of the air bag module cover flaps.

At impact, the driver and passenger side air bag system deployed. The passenger side air bag module cover flaps opened against the back side of the plastic shell of the rearward-facing infant restraint. The symmetrical H-configuration module cover flaps, in combination with the deploying air bag membrane, fractured the back side of the plastic shell of the infant restraint and accelerated the restraint in a rearward direction with respect to the vehicle. White vinyl-type transfers were noted across the full width of the upper module cover flap. Two similar transfers were noted to the upper corner areas of the lower cover flap. The deploying air bag subsequently contacted the shell of the restraint, which in combination with the cover flap contact, severely fractured the restraint in both the lateral and longitudinal directions.

As a result of air bag deployment against the infant restraint, the infant sustained a transverse fracture of the skull that extended from side-to-side parallel to, rearward, and close to the coronal suture line, a fracture that branched into the right middle cranial fossa and petrous bones and into the right orbital plate, thin subdural hemorrhage over the convexity of the brain, subdural hemorrhage in the middle cranial fossa, small lacerations of the right orbital and inferior lobes of the brain, focal subarachnoid hemorrhages, unspecified brain contusions, and scalp hemorrhages of the posterior and superior aspects.

The integral harness restrained the infant within the fractured infant restraint as the vehicle came to rest near the point of impact. Based on evidence within the restraint and statements from the investigating officer, the infant was bleeding from the ear onto the harness webbing and padding of the restraint. The driver (mother) unfastened the vehicle's manual belt system in an attempt to remove the infant from the vehicle. She subsequently released the integral harness buckle mechanism and removed the infant from the restraint and the vehicle. She exited the Dodge Caravan and cradled the infant while awaiting the arrival of emergency personnel.

RIGHT FRONT OCCUPANT MEDICAL TREATMENT

The investigating officer stated that as police and paramedics arrived on-scene and located the driver of the Caravan in a neighboring house adjacent to the crash scene, the driver (mother) was holding the infant and refused to allow anyone near her or the child. He noted that paramedics were subsequently successful in retrieving the infant from the mother. They immediately determined that the infant was not breathing and prepared her for transport to a [REDACTED] where she expired no-arrival. The body was transported to the [REDACTED] [REDACTED] office for an autopsy.

ATTACHMENT A

Selected Color Photographs



1. Pre-crash trajectory of the 1996 Dodge Caravan.



2. Trajectory of the Dodge Caravan at 30 m (100') prior to impact.



3. Trajectory of the Dodge Caravan at 15 m (50') prior to impact.



4. Point of impact.



5. Post-impact rotational trajectory to final rest position of the Dodge Caravan.



6. Lookback view of the Dodge Caravan's path of travel.



7. Pre-crash trajectory of the 1966 Chevrolet Impala at 30 m (100') prior to impact.



8. Trajectory of the Chevrolet Impala at 15 m (50') prior to impact.



9. Trajectory of the Chevrolet Impala at point of impact.



10. Final rest of the Chevrolet Impala.



11. Perpendicular view of final rest position of the Chevrolet Impala.



12. Lookback view of the Chevrolet Impala's path of travel.



13. Frontal view of the impact damage to the 1996 Dodge Caravan.



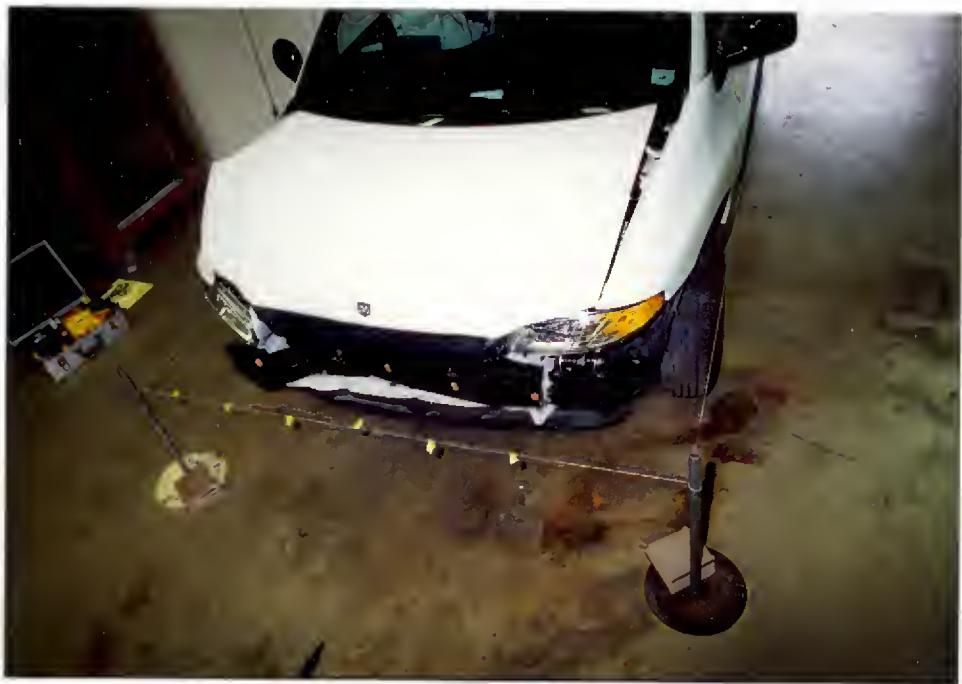
14. View of the front bumper fascia of the Dodge Caravan.



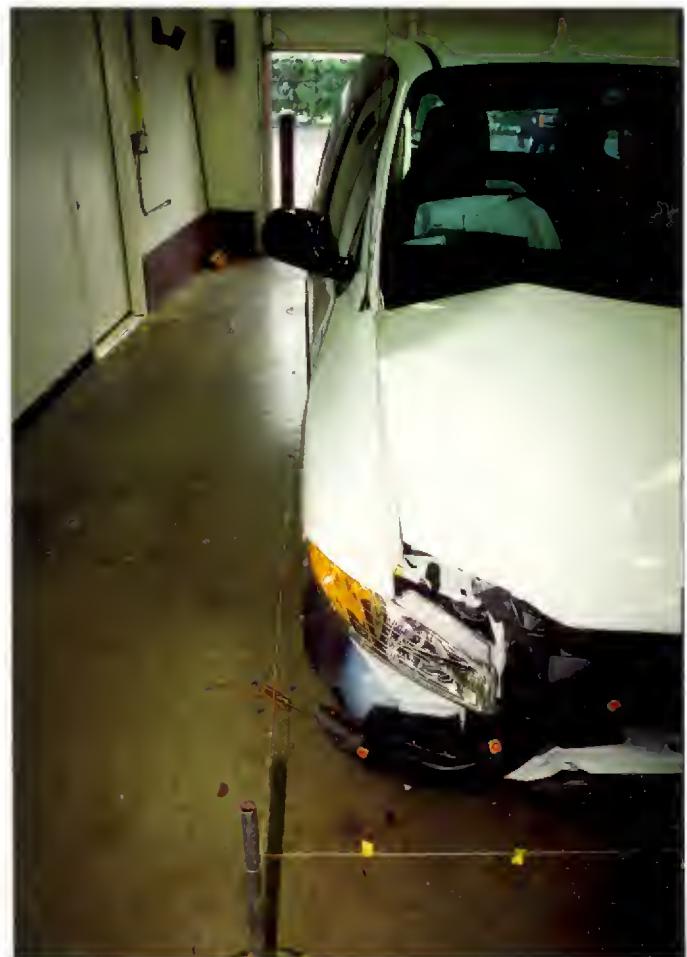
15. Close-up view of the damage to the right corner of the front bumper fascia.



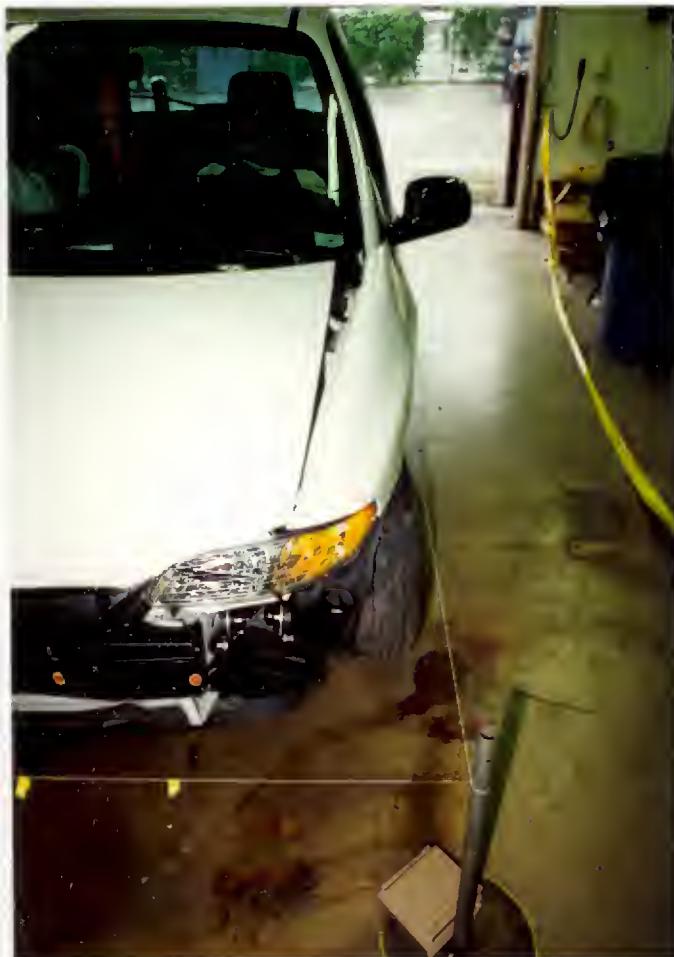
16. Close-up view of the damage to the left corner of the front bumper fascia.



17. Overhead view of the frontal damage to the Dodge Caravan.



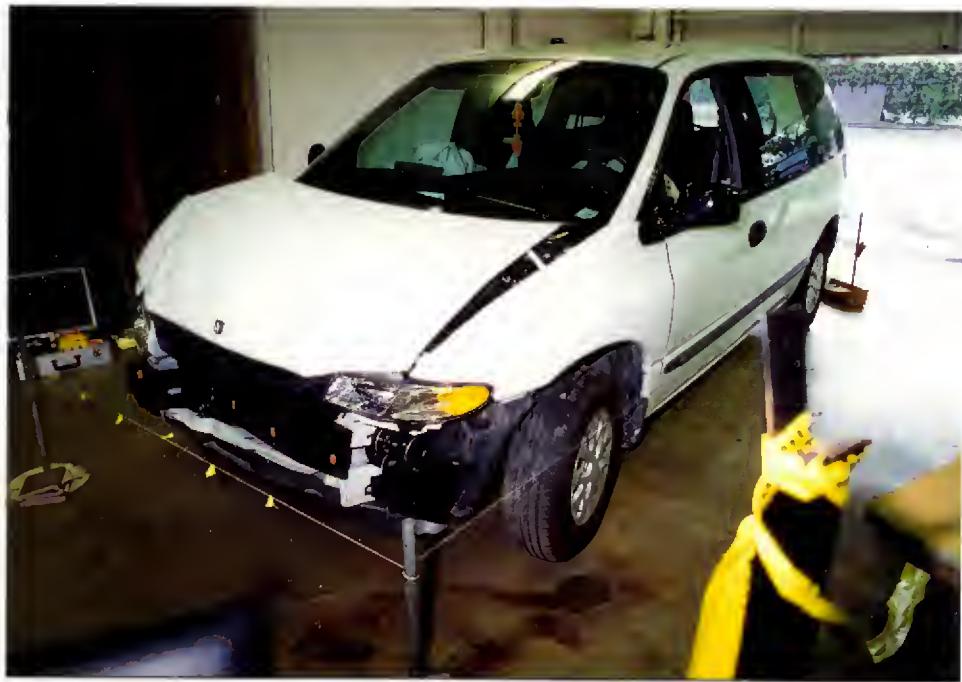
18. Longitudinal view of the lateral displacement of the right front corner.



19. Longitudinal view of the lateral displacement of the left front corner.



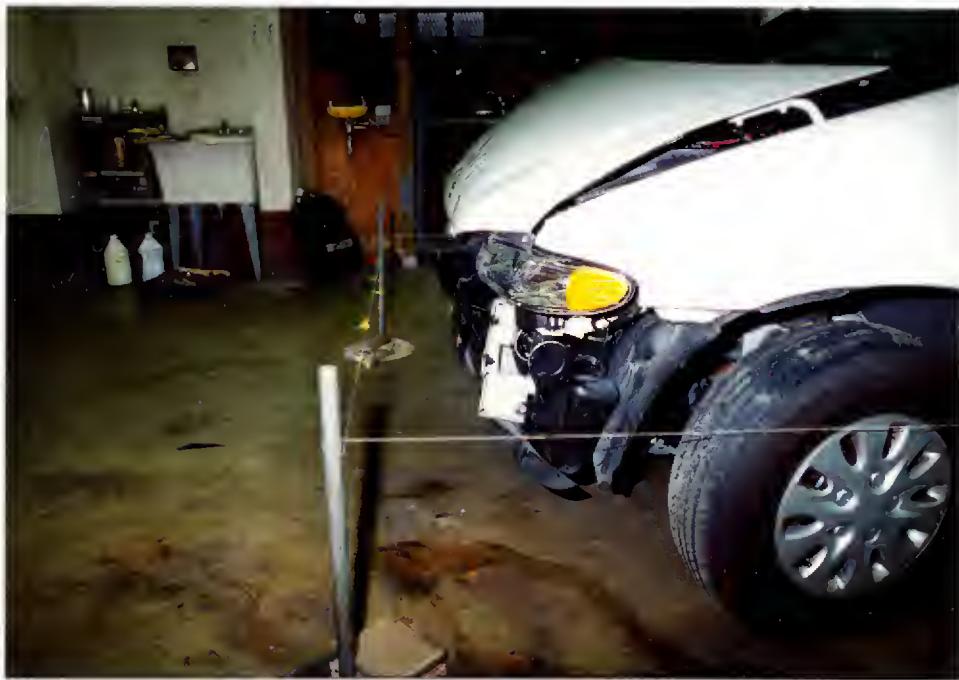
20. Close-up view of the maximum crush to the bumper reinforcement bar of the Dodge Caravan.



21. Left front three-quarter view of the Dodge Caravan.



22. Overhead view of the damage to the bumper reinforcement bar and upper radiator support bracket.



23. Perpendicular view of the frontal plane documenting the extent of crush.



24. Perpendicular view of the rearward displacement of the bumper reinforcement bar and upper radiator support bracket.



25. Left side view of the Dodge Caravan.



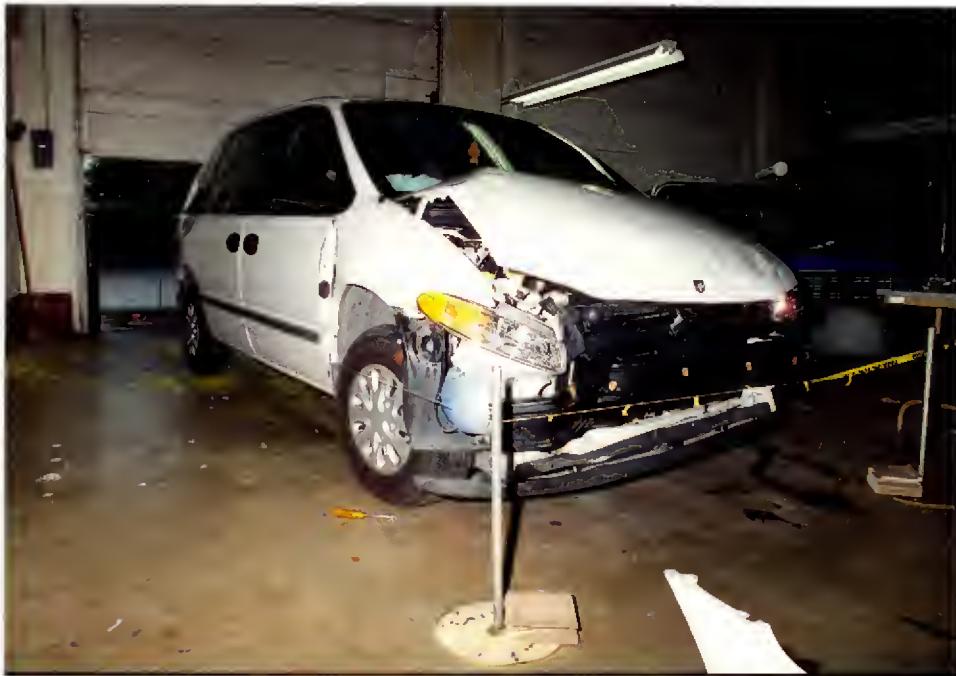
26. Left rear three-quarter view.



27. Right rear three-quarter view.



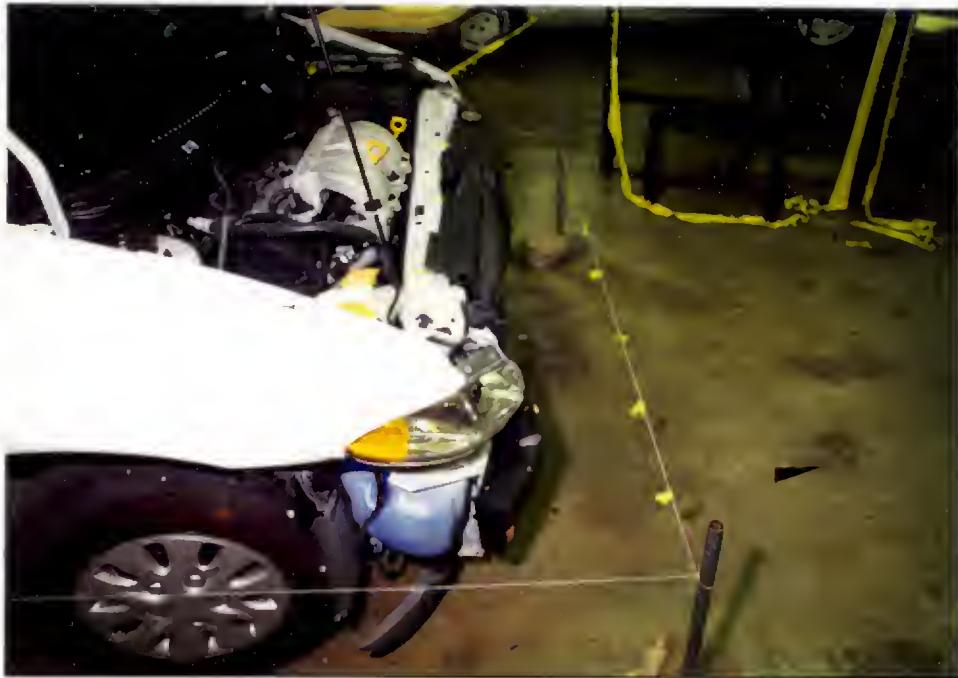
28. Right side view of the Dodge Caravan.



29. Right front three-quarter view of the Dodge Caravan.



30. Right front perpendicular view documenting the crush profile.



31. Right front perpendicular view of the rearward displacement of the bumper reinforcement bar and upper radiator support bracket.



32. Vehicle identification sticker located on the left front door.



33. Overall view of the driver's compartment and the deployed driver side air bag.



34. View of the driver side air bag module cover flaps.



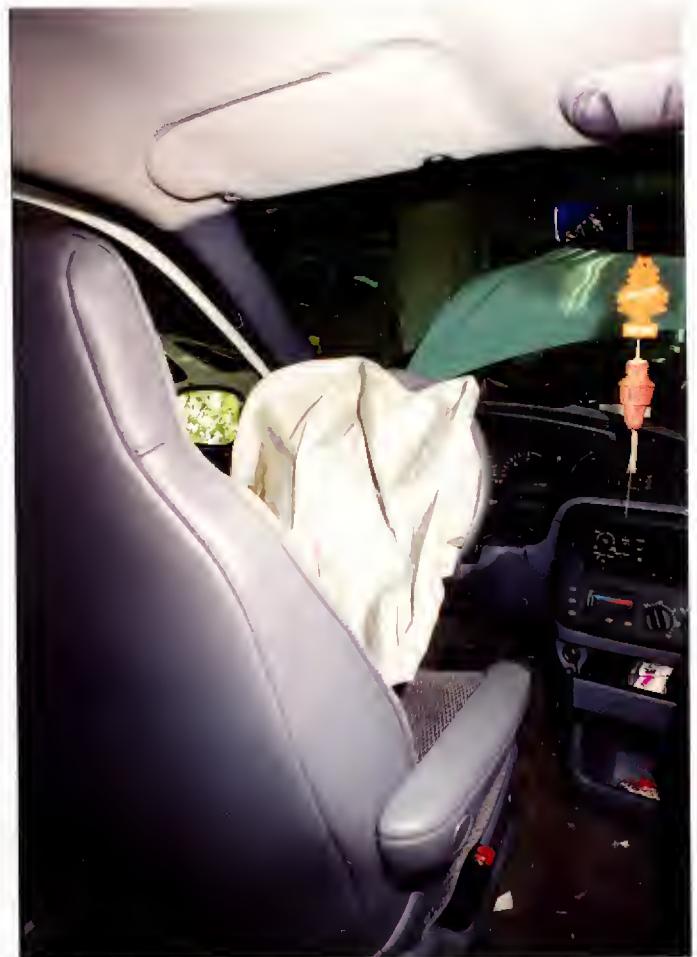
35. Perpendicular view of the steering wheel.



36. Lateral view of the driver's adjusted seat track position.



37. Close-up view of the driver's knee bolster.



38. View of the deployed driver side air bag and sun visor.



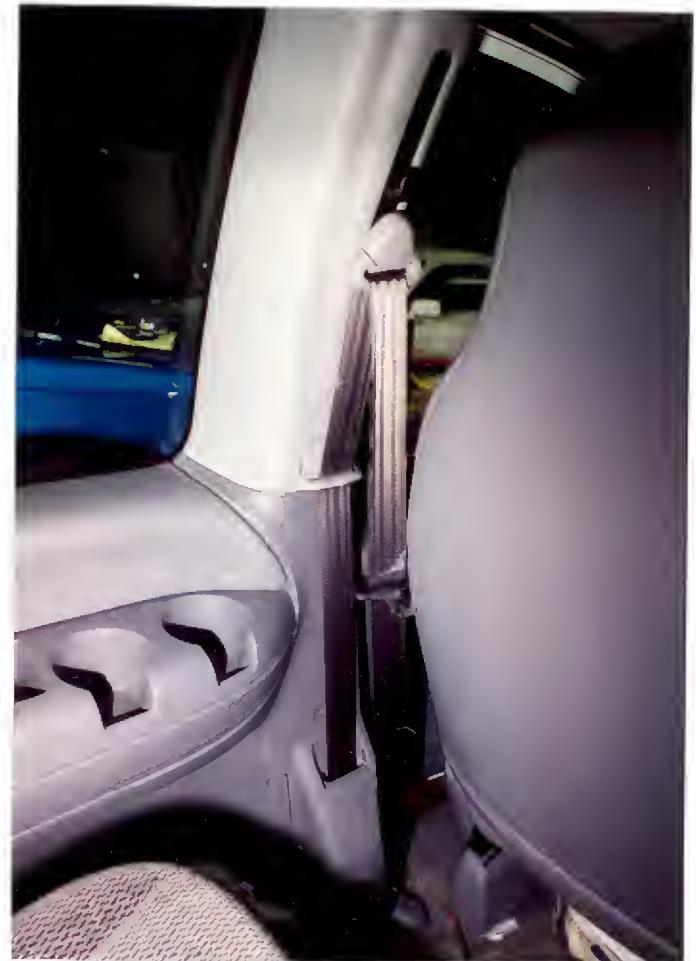
39. View of the driver side air bag.



40. Identification label at the 6 o'clock sector of the driver side air bag.



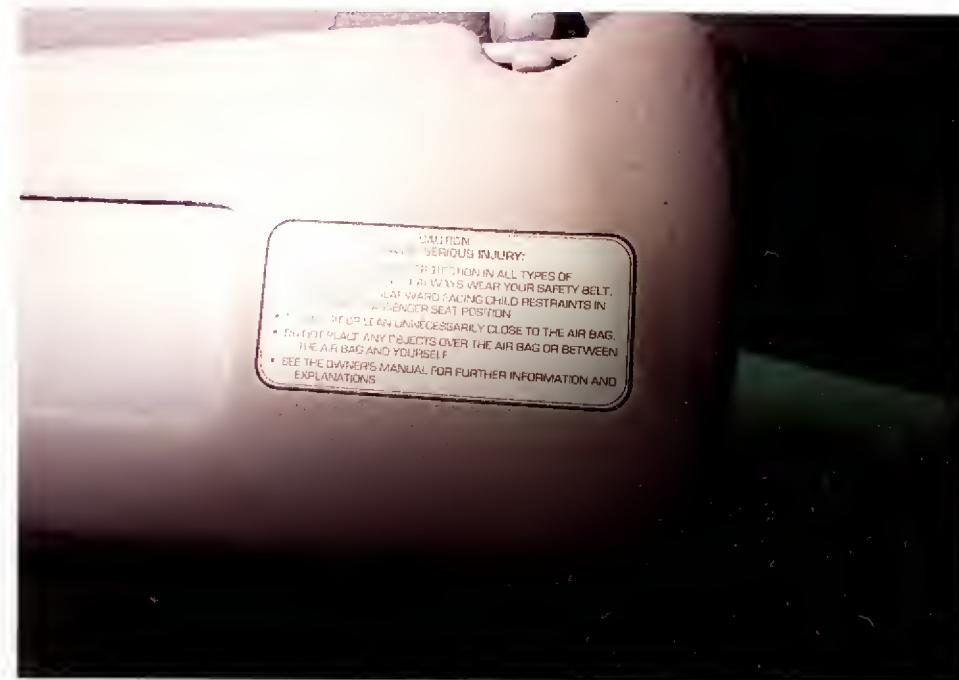
41. Driver's seat back and the manual belt system.



42. Driver's side manual 3-point seat belt system with D-ring adjusted to full down position.



43. Driver side latchplate showing minimal wear marks.



44. Air bag warning label on the top side of the left sun visor.



45. Overall view of the right front seat position and the deployed passenger side air bag.



46. Close-up view of the deployed passenger side air bag and cover flaps, right instrument panel, and the opened glove compartment door.



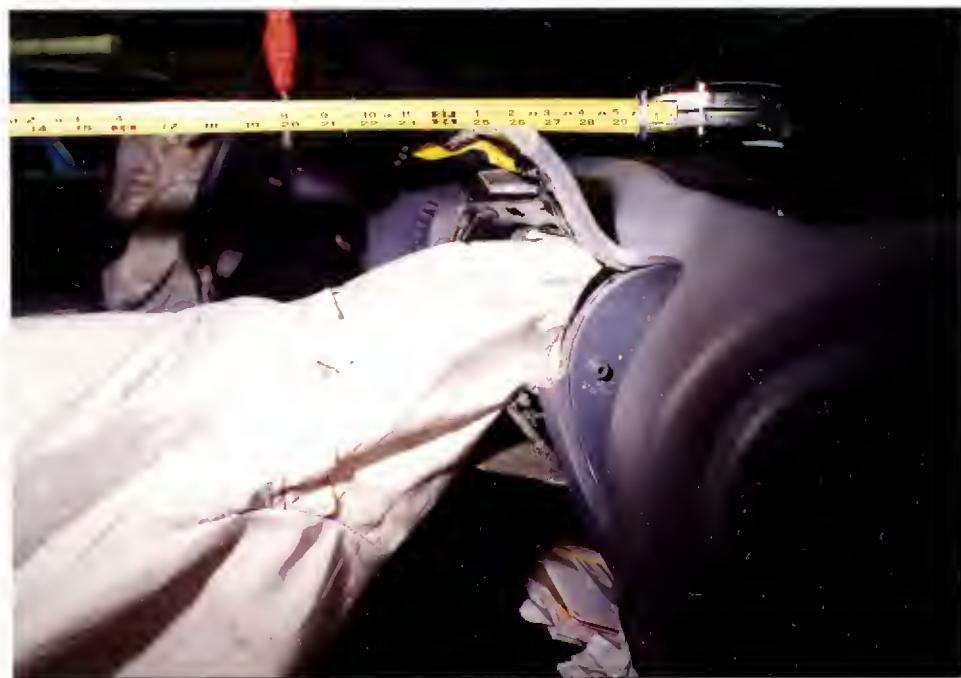
47. View of the face of the deployed passenger side air bag.



48. Rearward excursion of the non-tethered passenger side air bag.



49. Horizontal measurement between the leading edge of the passenger side air bag module and the right seat back.



50. Close-up view of the 69 cm (27") distance between the right front seat back support to the air bag module assembly.



51. View of the top module cover flap and the displaced right vent louver.



52. Child restraint white vinyl transfers on the upper cover flap.



53. Passenger side air bag module lower cover flap and the open glove compartment door.



54. Overall view of the passenger side air bag.



55. Bottom view of the passenger side air bag and the lower cover flap.



56. Overview of the lower face of the passenger side air bag.



57. Blue cloth transfer located on the bottom of the bag.



58. Close-up view of the blue cloth transfer.



59. Close-up view of the 5.1 cm (2.0") vertical tear on the left side of the passenger side air bag.



60. Grease-type semi-circular transfer and possible white vinyl transfer on windshield right of center.



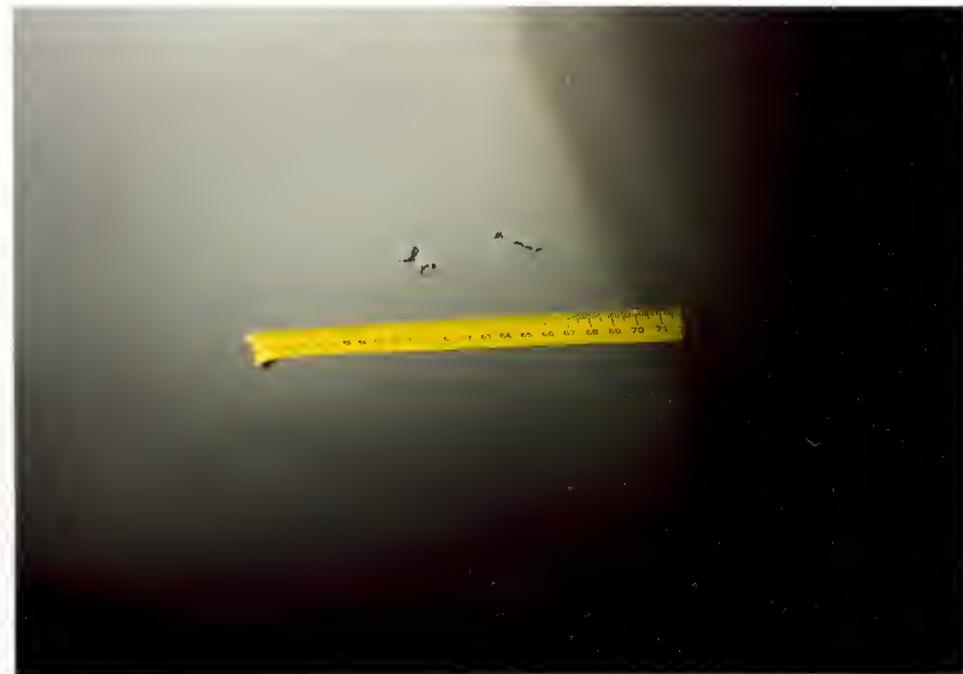
61. White vinyl transfer on center mid instrument panel 10.2-16.5 cm (4.0-6.5") right of center.



62. Full forward right front seat track adjustment in contact with open glove compartment door.



63. Two fabric tears on the roof area above the right front seat.



64. Close-up view of the fabric tears probably caused by fragments of the child restraint plastic shell.



65. Air bag warning label on the top side of the right sun visor.



66. View of the center and rear seated areas of the Dodge Caravan.



67. Child restraint travel base (not used) on the floor forward of the second seat.



68. Position of the rearward facing child restraint in the right front seat position.



69. Right front lap belt securing the child restraint in place at the time of the crash.



70. Close-up view of the child restraint positioned against the panel and mid-mount air bag module assembly.



71. View of the plastic shell fracture caused by the air bag module cover flaps.



72. View of the fractured child restraint handle against the upper module cover flap.



73. Level indicator on the plastic shell of the child restraint.



74. View from the left of the deployed air bag and the child restraint with the foam padding marking the approximate location of the infant's head.



75. Rear view of the rearward facing child restraint in the right front seat.



76. Close-up view of the deployed air bag and child restraint.



77. Unbuckled lap belt properly routed through shell of the restraint.



78. Overhead view of the lap belt routed through the right loop of the child restraint.



79. Right side (outboard) of the lap belt routed through the loop of the child restraint.



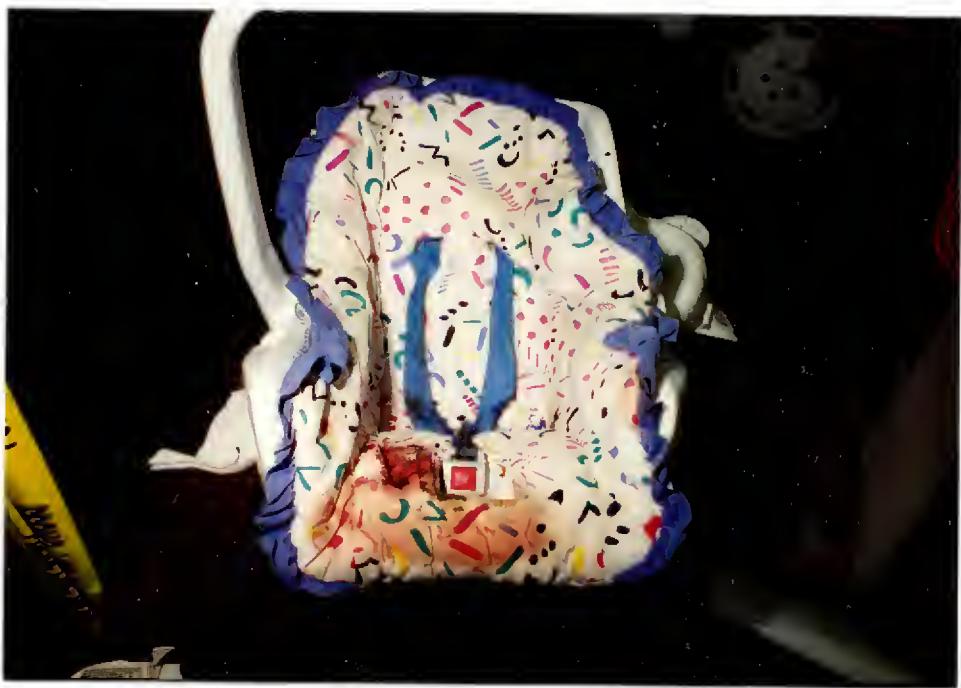
80. View of the right front seat track adjustment at the time of the crash.



81. Lower lap and shoulder belt anchorage for the right front seat.



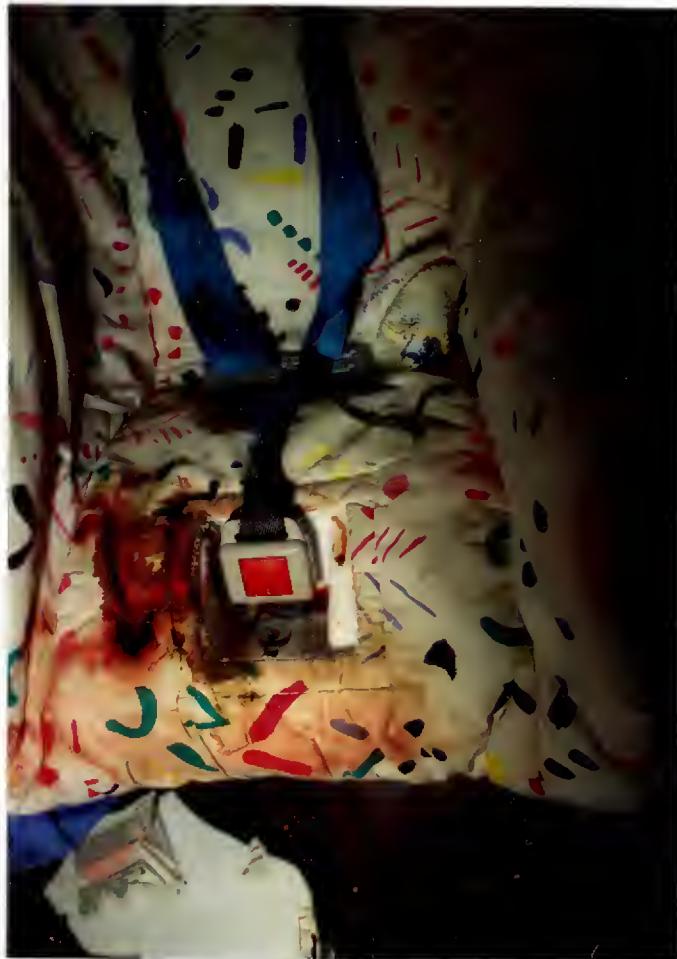
82. Right front seat D-ring adjustment, full-down position.



83. Frontal view of the Century child restraint removed from the vehicle.



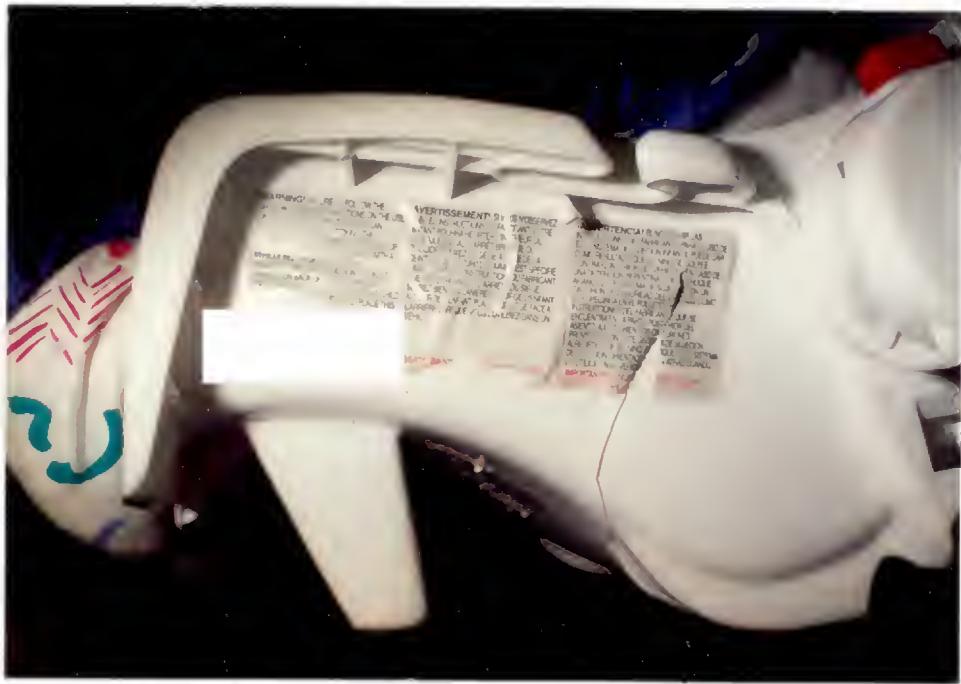
84. Close-up view of the Century child restraint and integral 3-point harness.



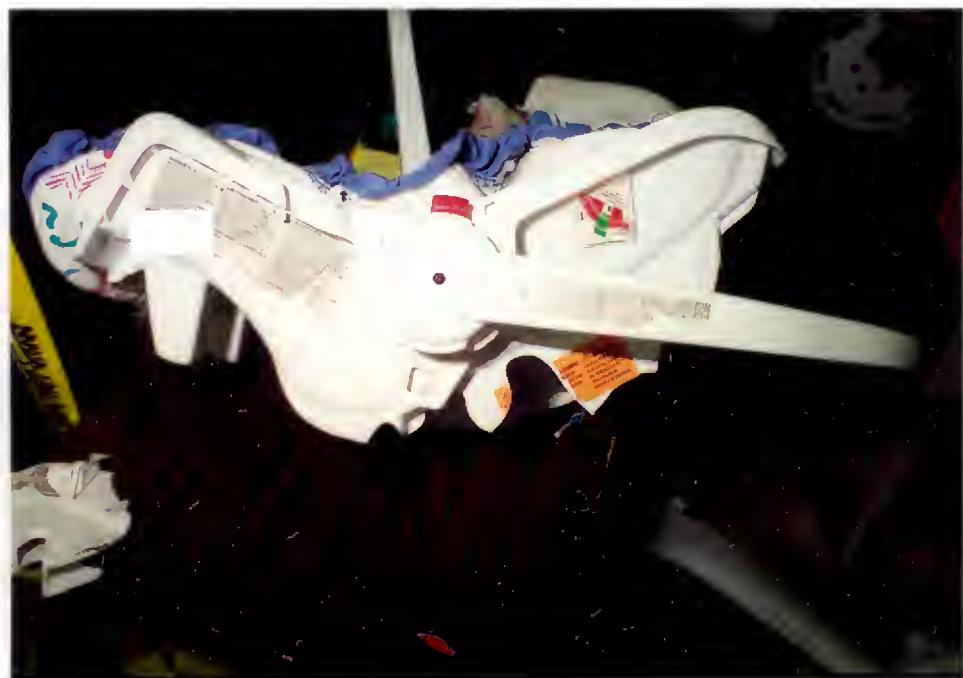
85. Additional view of the three-point restraint harness with chest clip and center buckle assembly.



86. Aftermarket infant head support collar.



87. Warning label on left side of child restraint. Label did not reference air bag warnings.



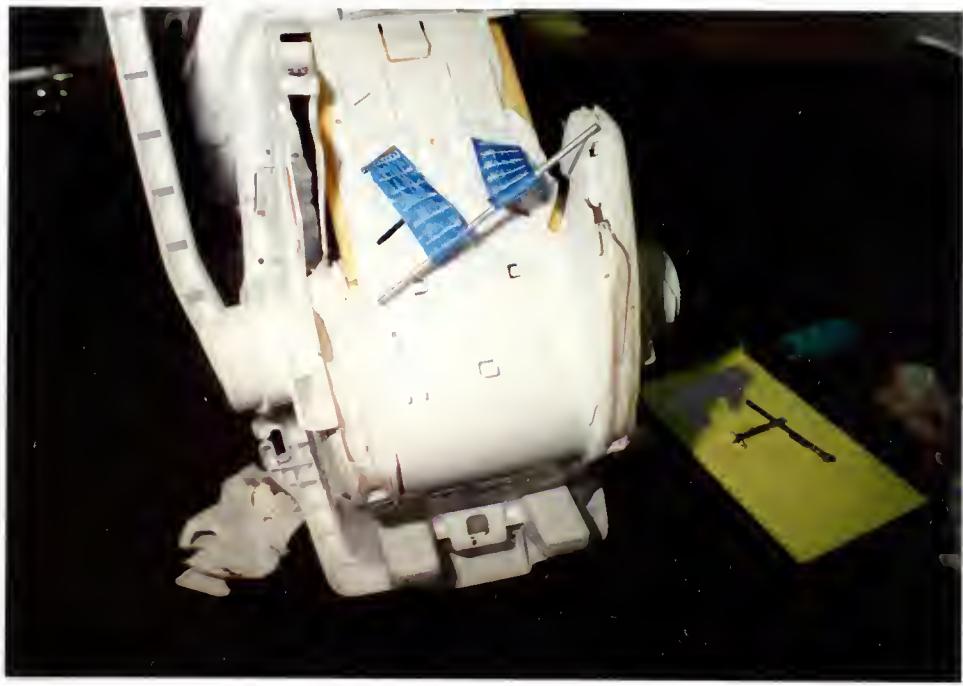
88. Left side view of the Century child restraint.



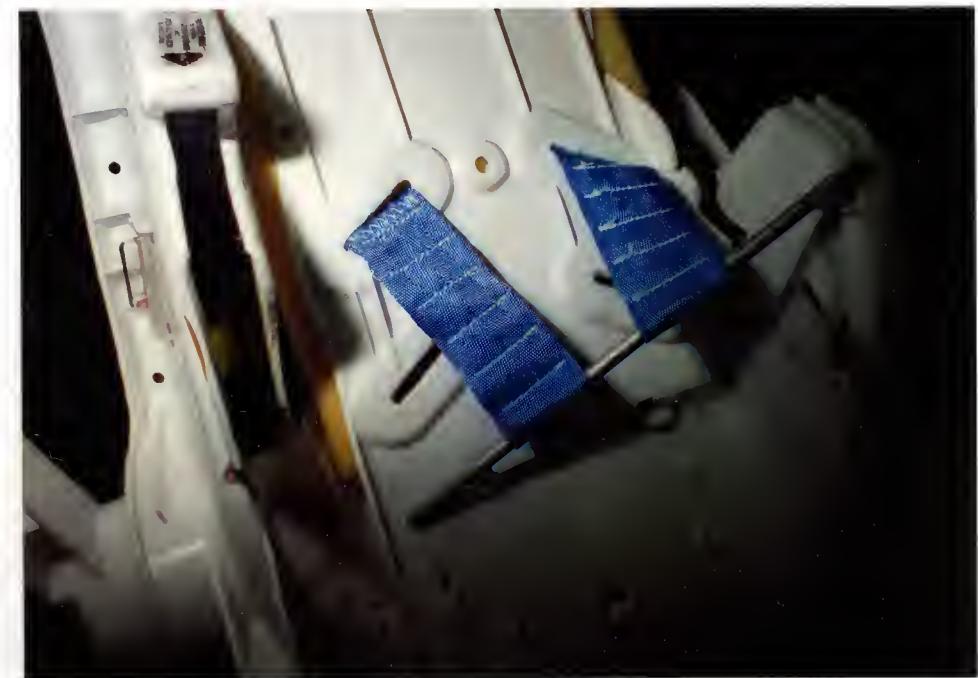
89. Right side view of the Century child restraint.



90. View of the 2.1 cm (0.8") thick foam padding under the seat covering.



93. Back view of the Century child restraint and fracture points.



94. Shoulder harness adjustment straps positioned through slots for larger infants.



95. Close-up view of the damage to the top of the child restraint.



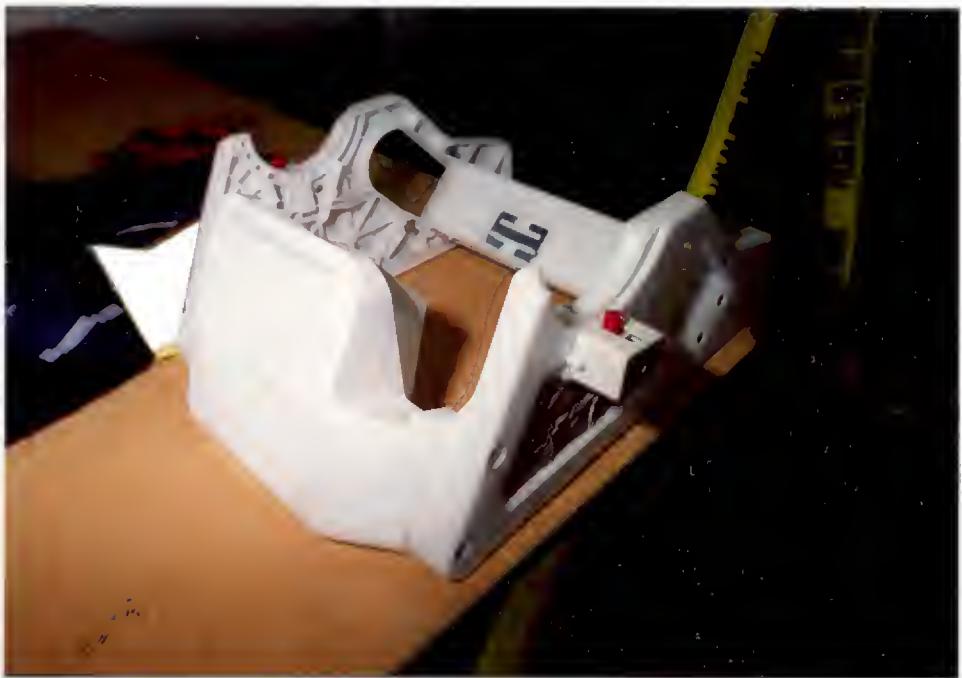
96. Century child restraint travel base (not used).



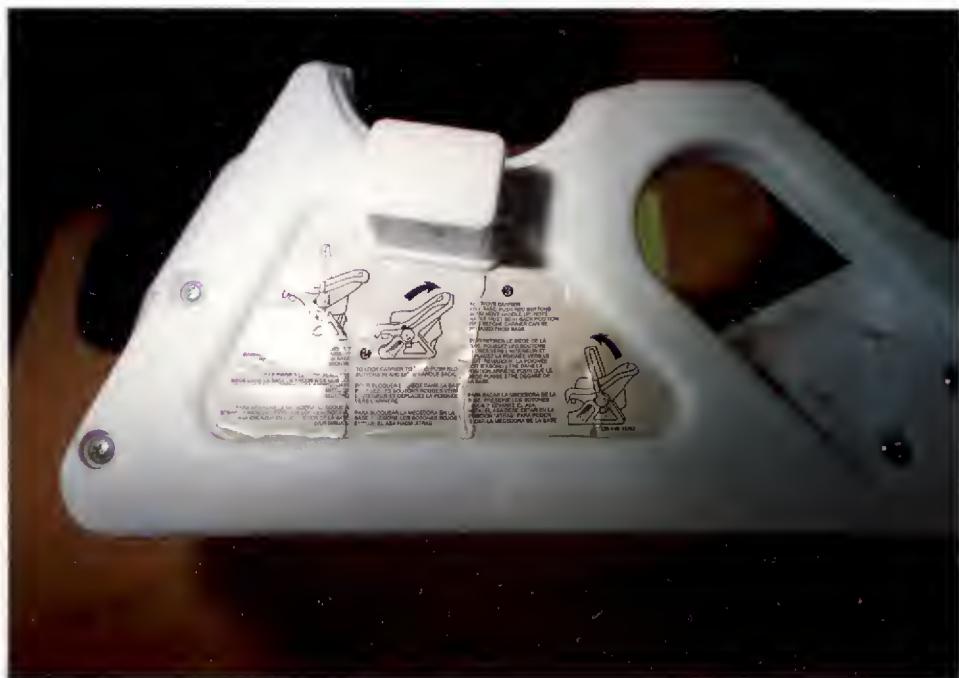
95. Close-up view of the damage to the top of the child restraint.



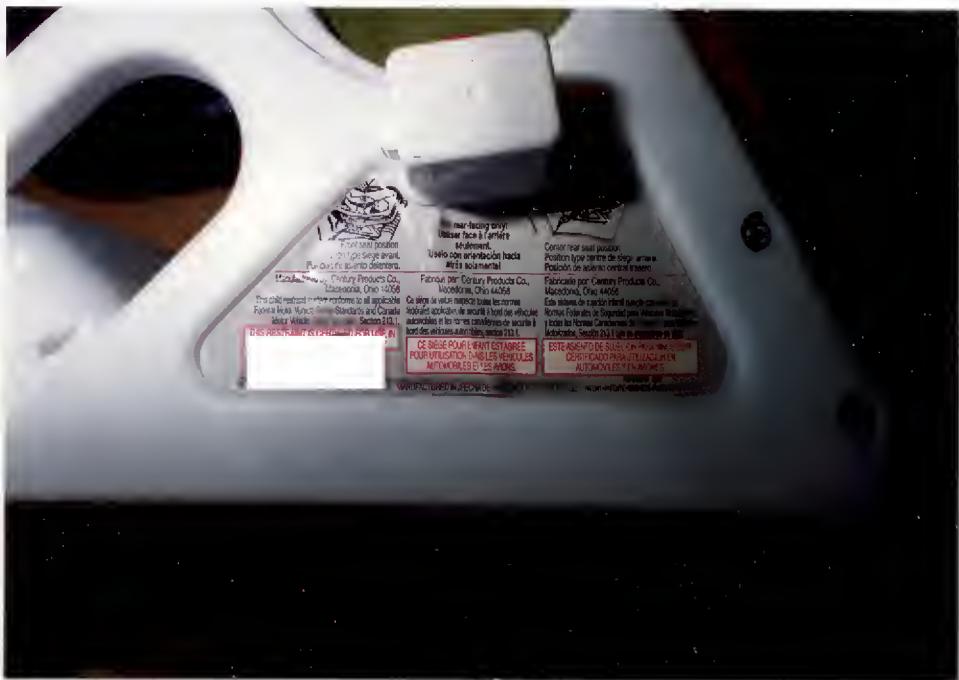
96. Century child restraint travel base (not used).



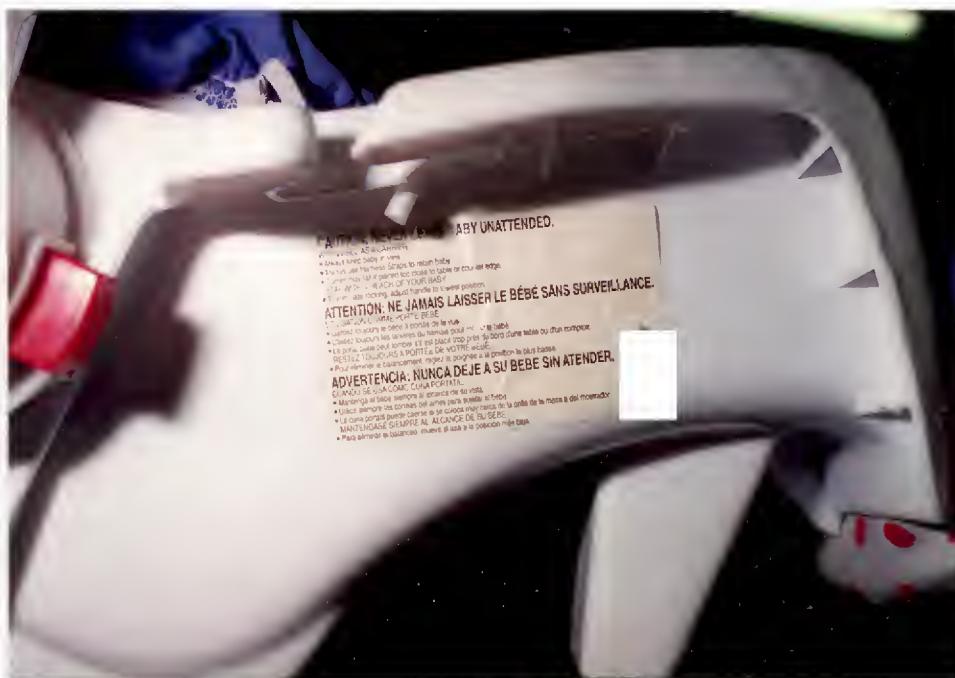
97. Reverse view of the child restraint travel base.



98. Installation and use labeling on left side of travel base.



99. Installation instructions located on right side of travel base for use in a front or rear seat.



100. Caution label on side of child restraint against leaving baby unattended.



101. Left front three-quarter view of the 1966 Chevrolet Impala.



102. Left side view of the Chevrolet Impala.



103. View of the left rear quarter panel and wheel.



104. Rear view of the Chevrolet Impala.



105. Right rear three-quarter view.



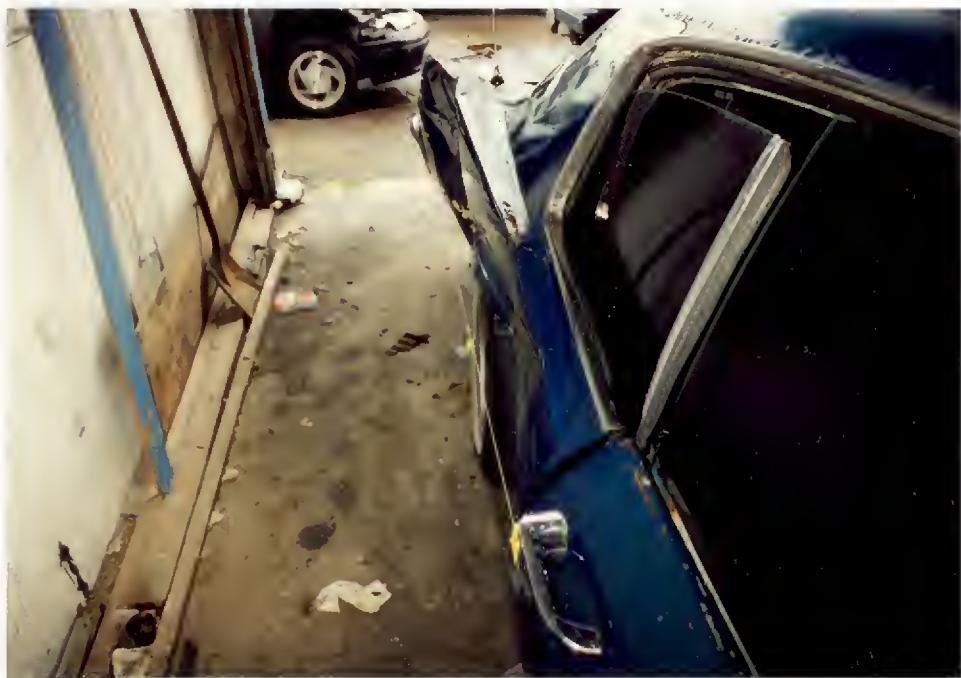
106. Longitudinal view showing the depth of crush to the right rear quarter panel of the Chevrolet Impala.



107. View of the impact damage to the Chevrolet Impala.



108. Longitudinal view of the right rear quarter panel.



109. Overhead view showing the extent of crush to the right rear quarter panel.

ATTACHMENT B

**SMASH Output
(Damage Algorithm)**

Summary of Results Using Damage

96-16

Speed Change
(Damage)

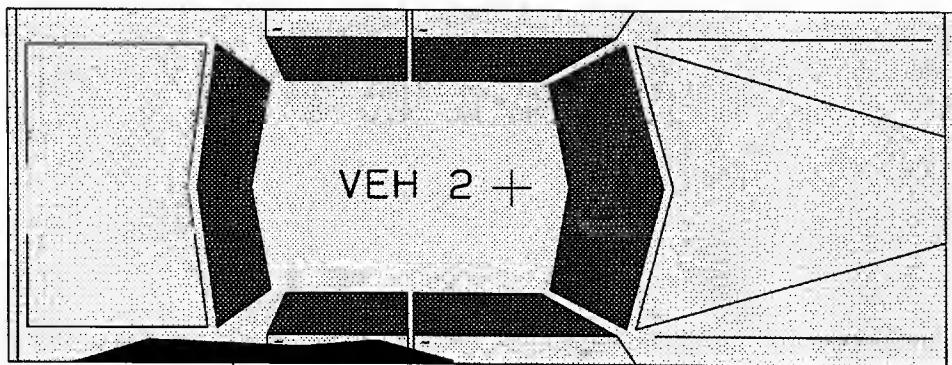
Vehicle #1

Total 19 km/h (12 mph)
Longitudinal -17 km/h (-11 mph)
Latitudinal 8 km/h (5 mph)
PDOF Angle -25 %
Energy Dissipated = 70699 Joules (52138 Ft-Lb)
Barrier Equivalent Speed = 26.6 km/h (16.5 mph)
Calculated using crush coefficients entered by the user.

Vehicle #2

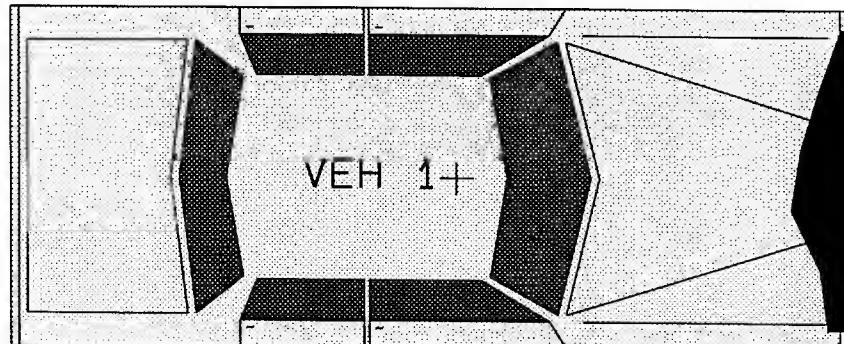
Total 18 km/h (11 mph)
Longitudinal -10 km/h (-6 mph)
Latitudinal -15 km/h (-9 mph)
PDOF Angle 55 %
Energy Dissipated = 19792 Joules (14596 Ft-Lb)
Barrier Equivalent Speed = 11.1 km/h (6.9 mph)
Calculated using crush coefficients entered by the user.

1966 Chevrolet Impala



PDOI

1996 Dodge Caravan



PDOI

96-16

1997

ATTACHMENT C

NASS Vehicle Forms



GENERAL VEHICLE FORM

- Primary Sampling Unit Number 96
- Case Number -Stratum 16
- Vehicle Number 01

VEHICLE IDENTIFICATION

- Vehicle Model Year 96
Code the last two digits of the model year
(99) Unknown
- Vehicle Make (specify): Dodge
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
- Vehicle Model (specify): neavan
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown
- Body Type 20
Note: Applicable codes may be found on
the back of this page.
- Vehicle Identification Number
2B UFP256VTR
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines
- Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

- Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
- Police Reported Travel Speed 040
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

25 mph X 1.6093 = 040 kmph

- Speed Limit 048
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown
- 30 mph X 1.6093 = 048 kmph
- Police Reported Alcohol Presence For Driver 1
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown
- Alcohol Test Result For Driver 20
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown
- Source: _____
- Police Reported Other Drug Presence For Driver 1
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown
- Other Drug Specimen Test Result For Driver 2
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify): .01 mg COCAINE
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given
- Driver's Zip Code _____
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown
- Driver's Race/Ethnic Origin 2
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify): _____
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (< 4,536 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (< 4,536 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (< 4,536 kgs GVWR)
- (23) Van based motorhome (< 4,536 kgs GVWR)
- (24) Van based school bus (< 4,536 kgs GVWR)
- (25) Van based other bus (< 4,536 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, < 4,536 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (< 4,536 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,536 kgs GVWR)

- (60) Step van (> 4,536 kgs GVWR)
- (61) Single unit straight truck (4,536 kgs < GVWR < 8,845 kgs)
- (62) Single unit straight truck (8,845 kgs < GVWR < 11,793 kgs)
- (63) Single unit straight truck (> 11,793 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

| PRECRASH ENVIRONMENTAL DATA | |
|---|---|
| 19. Relation To Interchange Or Junction (0) Non-interchange area and non-junction (1) Interchange area related <i>Non-Interchange junctions</i> (2) Intersection related (3) Driveway, alley access related (4) Other junction (specify) (5) <u>Unknown type of junction</u> (9) Unknown | 2 |
| 20. Trafficway Flow (0) Not physically divided (two way traffic) (1) Divided trafficway-median strip without positive barrier (2) Divided trafficway-median strip with positive barrier (3) One way traffic (9) Unknown | 0 |
| 21. Number Of Travel Lanes (1) One (2) Two (3) Three (4) Four (5) Five (6) Six (7) Seven or more (9) Unknown | 2 |
| 22. Roadway Alignment (1) Straight (2) Curve right (3) Curve left (9) Unknown | 1 |
| 23. Roadway Profile (1) Level (2) Uphill grade (> 2%) (3) Hill crest (4) Downhill grade (> 2%) (5) Sag (9) Unknown | 1 |
| 24. Roadway Surface Type (1) Concrete (2) Bituminous (asphalt) (3) Brick or block (4) Slag, gravel, or stone (5) Dirt (8) Other (specify): _____ (9) Unknown | 2 |
| 25. Roadway Surface Condition (1) Dry (2) Wet (3) Snow or slush (4) Ice (5) Sand, dirt, or oil (8) Other (specify): _____ (9) Unknown | 2 |
| 26. Light Conditions (1) Daylight (2) Dark (3) Dark, but lighted (4) Dawn (5) Dusk (9) Unknown | 2 |
| 27. Atmospheric Conditions (0) No adverse atmospheric-related driving conditions (1) Rain (2) Sleet/hail (3) Snow (4) Fog (5) Rain and fog (6) Sleet and fog (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): (9) Unknown | 1 |
| 28. Traffic Control Device (0) No traffic control(s) (1) Traffic control signal (not RR crossing) <i>Regulatory</i> (2) Stop sign (3) Yield sign (4) School zone sign (5) Other regulatory sign (specify): (6) Warning sign (not RR crossing) (7) Unknown sign (8) Miscellaneous/other controls including RR controls (specify): (9) Unknown | 2 |
| 29. Traffic Control Device Functioning (0) No traffic control device (1) Traffic control device not functioning (specify): (2) Traffic control device functioning properly (9) Unknown | 2 |

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving
(Prior To Recognition Of Critical Event)

(00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see

Distractions

(03) By other occupant(s), (specify): _____

(04) By moving object in vehicle (specify): _____

(05) While talking or listening to cellular phone (specify location and type of phone): _____

(06) While dialing cellular phone (specify location and type of phone): _____

(07) While adjusting climate controls

(08) While adjusting radio, cassette, CD (specify): _____

(09) While using other device/controls integral to vehicle (specify): _____

(10) While using or reaching for device/object brought into vehicle (specify): _____

(11) Sleepy or fell asleep

(12) Distracted by outside person, object, or event (specify): _____

(13) Eating or drinking

(14) Smoking related

(97) Distracted/inattentive, details unknown

(98) Other, distraction (specify): _____

(99) Unknown

*99***THIS VEHICLE TRAVELLING**

(10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

(50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

(60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

(80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

(87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event)*01*

(00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown

32. Critical Precrash Event*17***THIS VEHICLE LOSS OF CONTROL DUE TO:**

(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

33. Attempted Avoidance Maneuver

99

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

1

- (00) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location

1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

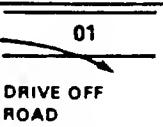
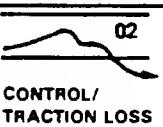
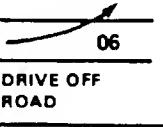
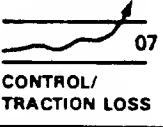
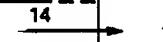
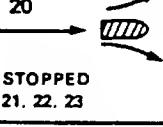
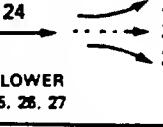
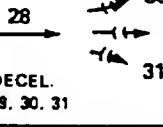
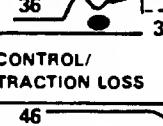
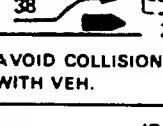
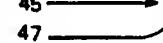
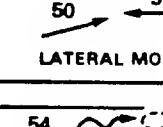
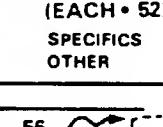
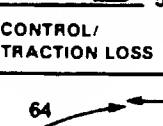
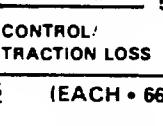
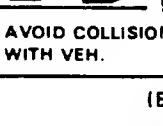
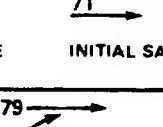
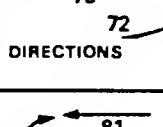
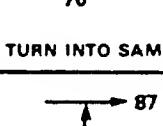
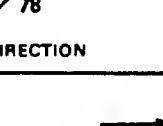
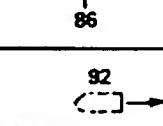
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(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | | | |
|---|----------------------------|---|---|---|--|--------------------------------|----------------------------------|-------------------------|
| I. Single Driver | A Right Roadside Departure |  |  |  | 04 | 05 | SPECIFICS UNKNOWN | |
| | B Left Roadside Departure |  |  |  | 09 | 10 | SPECIFICS UNKNOWN | |
| | C Forward Impact |  |  |  |  | 15 | 16 | SPECIFICS UNKNOWN |
| II. Same Trafficway Same Direction | D Rear-End |  |  |  | 26 | 28 | 30 | (EACH • 32) (EACH • 33) |
| | E Forward Impact |  |  |  | 39 | 40 | 41 | (EACH • 42) (EACH • 43) |
| | F Sideswipe Angle |  |  |  | 47 | (EACH • 48) SPECIFICS OTHER | (EACH • 49) SPECIFICS UNKNOWN | |
| III. Same Trafficway Opposite Direction | G Head-On |  |  | (EACH • 52) SPECIFICS OTHER | (EACH • 53) | SPECIFICS UNKNOWN | | |
| | H Forward Impact |  |  |  | 59 | 60 | 61 | (EACH • 62) (EACH • 63) |
| | I Sideswipe Angle |  |  | (EACH • 66) SPECIFICS OTHER | (EACH • 67) | SPECIFICS UNKNOWN | | |
| IV. Change Trafficway Vehicle Turning | J. Turn Across Path |  |  |  | 71 | 73 | 72 | (EACH • 74) (EACH • 75) |
| | K. Turn Into Path |  |  |  | 81 | 83 | 82 | (EACH • 84) (EACH • 85) |
| V. Intersecting Paths (Vehicle Damage) | L. Straight Paths |  |  |  | 89 | (EACH • 90) SPECIFICS OTHER | (EACH • 91) SPECIFICS UNKNOWN | |
| VI. Miscellaneous | M Backing Etc |  |  | 98 Other Accident Type 99 Unknown Accident Type 00 No Impact | | | | |

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown

38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown

39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts

41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed

Single Air Bag Vehicle

(2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed

Multiple Air Bag Vehicle

(4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown

42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1,600
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 $3527 \text{ lbs} \times .4536 = \text{_____ kgs}$
 Source: _____

44. Vehicle Cargo Weight 1,600
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 $3527 \text{ lbs} \times .4536 = 1,600 \text{ kgs}$
 Source: 3527

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify):
 (98) Rollover-end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown

46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type (specify):
 (98) Rollover-end-over-end
 (99) Unknown rollover initiation type

47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover-end-over-end
 (9) Unknown

48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):

(6) Non-contact rollover forces (specify):
 (8) Rollover-end-over-end
 (9) Unknown

50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover-end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(32) No rollover impact initiation (end-over-end)
(34) Jackknife

Collision With Fixed Object

(41) Tree (\leq 10 cm in diameter)
(42) Tree ($>$ 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 10 cm in diameter)
(51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
(52) Pole or post ($>$ 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify):

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

| OCCUPANT RELATED | |
|---|-------|
| 37. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown | 1 |
| 38. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown | 02 |
| 39. Number of Occupant Forms Submitted | 02 |
| AIR BAG RELATED | |
| 40. Is this an AOPS Vehicle? (0) No (includes unknown) (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts | 1 |
| 41. Air Bag(s) Deployment, First Seat Frontal (0) Not equipped or not available (1) No air bags deployed <i>Single Air Bag Vehicle</i> (2) Driver air bag deployed (3) Driver air bag, unknown if deployed <i>Multiple Air Bag Vehicle</i> (4) Driver side only deployed (5) Passenger side only deployed (6) Driver and passenger side deployed (7) Driver and passenger side unknown if deployed (8) Air bag(s) deployed, details unknown (9) Unknown | 6 |
| 42. Air Bag(s) Deployment, Other Than First Seat Frontal (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown | 0 |
| Specify type of "other" air bag present: _____ | |
| VEHICLE WEIGHT ITEMS | |
| 43. Vehicle Curb Weight ____ Code weight to nearest 10 kilograms. (045) Less than 454 kilograms (612) 6,124 kilograms or more (999) Unknown | 160 0 |
| $3,527 \text{ lbs} \times .4536 = \text{_____ kgs}$ | |
| Source: _____ | |
| 44. Vehicle Cargo Weight ____ Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (454) 4,536 kilograms or more (999) Unknown ____ lbs X .4536 = _____ kgs | |
| Source: _____ | |
| ROLLOVER DATA | |
| 45. Rollover (00) No rollover (no overturning) | 00 |
| <i>Rollover (primarily about the longitudinal axis)</i> | |
| (01-16) Code the number of quarter turns (17) Rollover, 17 or more quarter turns (specify): (98) Rollover--end-over-end (i.e., primarily about the lateral axis) (99) Rollover (overturn), details unknown | |
| 46. Rollover Initiation Type (00) No rollover (01) Trip-over (02) Flip-over (03) Turn-over (04) Climb-over (05) Fall-over (06) Bounce-over (07) Collision with another vehicle (08) Other rollover initiation type (specify): (98) Rollover--end-over-end (99) Unknown rollover initiation type | 00 |
| 47. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (8) Rollover--end-over-end (9) Unknown | 0 |
| 48. Rollover Initiation Object Contacted (Note: Applicable codes on back of page) | 00 |
| 49. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (6) Non-contact rollover forces (specify): (8) Rollover--end-over-end (9) Unknown | 0 |
| 50. Direction of Initial Roll (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (8) Rollover--end-over-end (9) Unknown roll direction | 0 |

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(32) No rollover impact initiation (end-over-end)
(34) Jackknife

Collision With Fixed Object

(41) Tree (\leq 10 cm in diameter)
(42) Tree ($>$ 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 10 cm in diameter)
(51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
(52) Pole or post ($>$ 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

OVERRIDE/UNDERRIDE (THIS VEHICLE)

 ACCIDENT RECONSTRUCTION PROGRAMS
 HIGHEST DELTA V

51. Front Override/Underride (this Vehicle) 0
 52. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

Override (see specific CDC)

(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))

(1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)

(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))

(4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

 HEADING ANGLE AT IMPACT FOR
 HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (996) Non-horizontal impact
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle 2 7 0
 54. Heading Angle For Other Vehicle 0 0 0

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine
 (02) Reconstruction program-damage and trajectory routine
 (03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify): _____

| ESTIMATED DELTA V | INSPECTION TYPE | | |
|--|----------------------|--|----|
| <p>66. Estimated Highest Delta V (Researcher Determined)</p> <p>(0) Reconstruction Delta V coded</p> | 0 | <p>67. Type of Vehicle Inspection</p> | 3 |
| <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) \geq 10 kmph but $<$ 25 kmph</p> <p>(3) \geq 25 kmph but $<$ 40 kmph</p> <p>(4) \geq 40 kmph but $<$ 55 kmph</p> <p>(5) \geq 55 kmph</p> | | <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify):</p> | |
| <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p> | DELTA V EVENT NUMBER | <p>68. Delta V Event Number</p> | 01 |
| | | <p>Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> | |
| | | | |

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

**THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.**



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 96-16 3. Vehicle Number 01
2. Case Number - Stratum

VEHICLE IDENTIFICATION

VIN 2B0FP256UTR

Model Year **96**

Vehicle Make (specify): Dodge

Vehicle Model (specify): Camavan

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage | Location of Field L | Location of Max Crush |
|---------------------|---------------------------|---------------------|------------------------------|
| 1 | full frontal | full frontal | 13.1 cm (R) of centerline |
| | | | |

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

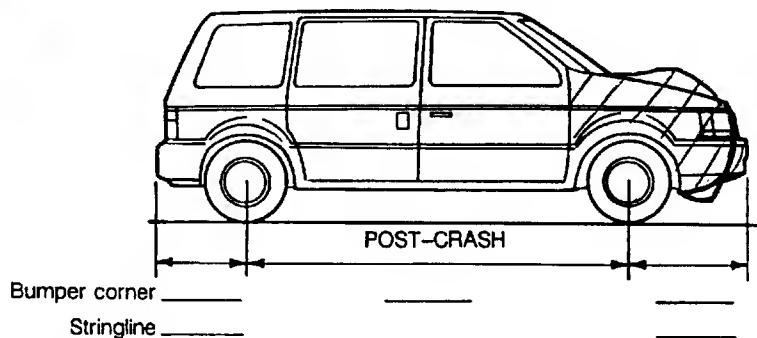
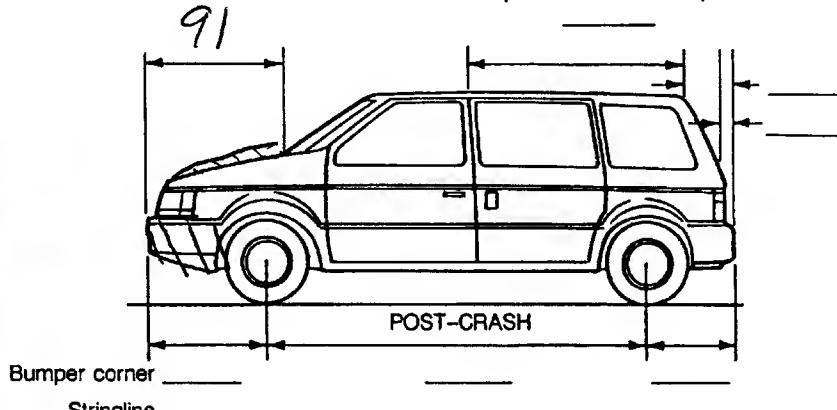
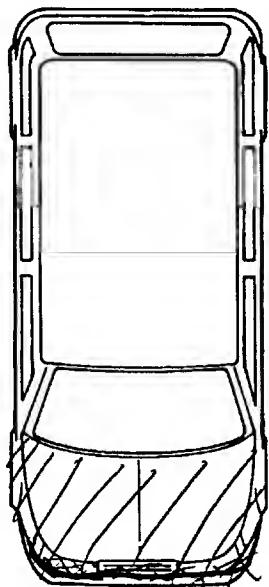
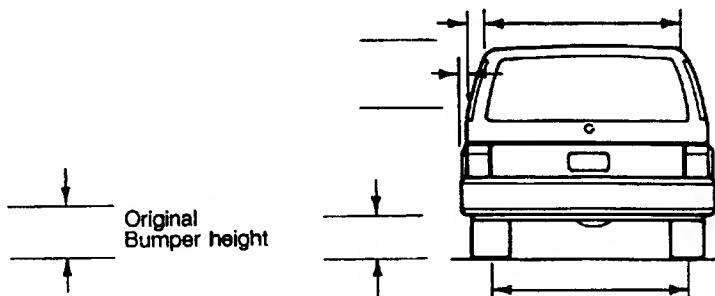
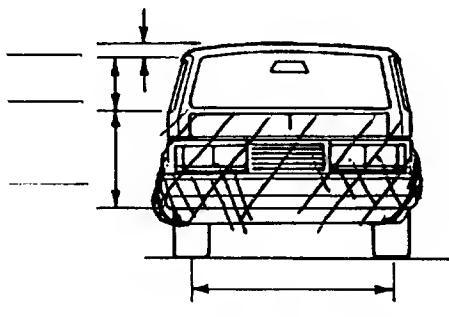
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

VEHICLE DAMAGE SKETCH

| TIRE—WHEEL DAMAGE | | ORIGINAL SPECIFICATIONS | | WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) | |
|---|---------------------|--------------------------|-------|---|---|
| a. Rotation physically restricted | b. Tire deflated | Wheelbase | 288 | cm | RF \pm _____ ° |
| RF <u>2</u> | RF <u>2</u> | Overall Length | 473 | cm | LF \pm _____ ° |
| LF <u>2</u> | LF <u>2</u> | Maximum Width | 192 | cm | RR \pm _____ ° |
| RR <u>2</u> | RR <u>2</u> | Curb Weight | 1600 | kg | LR \pm _____ ° |
| LR <u>2</u> | LR <u>2</u> | Average Track | 161.5 | cm | Within \pm 5 degrees |
| (1) Yes (2) No (8) NA (9) Unk. | | Front Overhang | 93 | cm | |
| TYPE OF TRANSMISSION | | Rear Overhang | 93 | cm | <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | | Undeformed End Width | cm | | |
| END SHIFT \geq 10 CM | | Engine Size: cyl./displ. | 2.4/4 | L | Approximate Cargo Weight <u>0</u> kg |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|--------------------------------|------------------|----------------------------|--------------------------|--------------------------------------|----------------------------------|---------------------------------|------------------------|
| 4. <u>01</u> | 5. <u>02</u> | 6. <u>11</u> | 7. <u>F</u> | 8. <u>D</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>02</u> |

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

| | | | | | | | |
|--------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------|
| 20. <u>L</u> | 21. <u>C₁</u> | <u>C₂</u> | <u>C₃</u> | <u>C₄</u> | <u>C₅</u> | <u>C₆</u> | 22. <u>±D</u> |
| <u>130</u> | <u>004.1</u> | <u>016.3</u> | <u>026.9</u> | <u>032.4</u> | <u>016</u> | <u>011.7</u> | <u>±000</u> |

Second Highest Delta "V"

| | | | | | | | |
|--------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------|
| 23. <u>L</u> | 24. <u>C₁</u> | <u>C₂</u> | <u>C₃</u> | <u>C₄</u> | <u>C₅</u> | <u>C₆</u> | 25. <u>±D</u> |
| ----- | ----- | ----- | ----- | ----- | ----- | ----- | <u>+</u> |
| ----- | ----- | ----- | ----- | ----- | ----- | ----- | <u>-</u> |

| | | | |
|---|------------|--|------------|
| 26. Undefomed End Width (Coded when highest severity impact is an end plane impact.) Code to the nearest centimeter (250) 250 centimeters or more (998) No highest severity end plane impact (999) Unknown | <u>130</u> | 28. Original Wheelbase Code to the nearest centimeter (650) 650 centimeters or more (999) Unknown _____ . ____ inches X 2.54 = _____ centimeters | <u>288</u> |
| 27. Direct Damage Width (For highest severity impact) Code to the nearest centimeter (250) 250 centimeters or more (999) Unknown | <u>130</u> | 29. Original Average Track Width Code to the nearest centimeter (185) 185 centimeters or more (999) Unknown _____ . ____ inches X 2.54 = _____ centimeters | <u>162</u> |

30. Are CDCs Documented but Not Coded on The Automated File?

(0) No
(1) Yes

31. Researcher's Assessment of Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?

(0) No post manufacturer modifications
(1) Yes - post manufacturer modifications (specify): _____

(Include photograph of CERTIFICATION PLACARD in case report)

(9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence

(0) No fire

Yes, fire occurred

(1) Minor
(2) Major
(9) Unknown

34. Origin of Fire

(0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

(9) Unknown

0

1

0

0

0

FUEL SYSTEM

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

(0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on left side plane
(3) Aft of center of the rear wheels (rear axle) on right side plane
(4) Forward of center of the rear wheels (rear axle) on left side plane
(5) Forward of center of the rear wheels (rear axle) on right side plane
(6) Over the center of the rear wheels (rear axle) on left side plane
(7) Over the center of the rear wheels (rear axle) on right side plane
(8) Other (specify): _____
(9) Unknown

4
0

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

(0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

1
0

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

(0) No fuel tank
(1) Aft of center of the rear wheels (rear axle) centered
(2) Aft of center of the rear wheels (rear axle) left side
(3) Aft of center of the rear wheels (rear axle) right side
(4) Forward of center of the rear wheels (rear axle) centered
(5) Forward of center of the rear wheels (rear axle) left side
(6) Forward of center of the rear wheels (rear axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

1
0

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

(0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

1
0

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

96-16

2. Case Number - Stratum

01

3. Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity

00

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

(00) No door/gate/hatch

- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 1

(0) No glazing

- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted (original)
- (4) AS-2 — Tempered-with after market tint
- (5) AS-3 — Tempered-tinted (with additional after market tint)
- (6) AS-14 — Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

| | Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction | |
|------|-----------------------|---------------------|------------------------|--------------------------|--|
| 1st | 47. ____ | 48. ____ | 49. ____ | 50. ____ | |
| 2nd | 51. ____ | 52. ____ | 53. ____ | 54. ____ | |
| 3rd | 55. ____ | 56. ____ | 57. ____ | 58. ____ | |
| 4th | 59. ____ | 60. ____ | 61. ____ | 62. ____ | |
| 5th | 63. ____ | 64. ____ | 65. ____ | 66. ____ | |
| 6th | 67. ____ | 68. ____ | 69. ____ | 70. ____ | |
| 7th | 71. ____ | 72. ____ | 73. ____ | 74. ____ | |
| 8th | 75. ____ | 76. ____ | 77. ____ | 78. ____ | |
| 9th | 79. ____ | 80. ____ | 81. ____ | 82. ____ | |
| 10th | 83. ____ | 84. ____ | 85. ____ | 86. ____ | |

LOCATION OF INTRUSION

| | |
|-------------|------------------------------------|
| Front Seat | Fourth Seat |
| (11) Left | (41) Left |
| (12) Middle | (42) Middle |
| (13) Right | (43) Right |
| Second Seat | (97) Catastrophic |
| (21) Left | (98) Other enclosed area (specify) |
| (22) Middle | |
| (23) Right | |
| Third Seat | (99) Unknown |
| (31) Left | |
| (32) Middle | |
| (33) Right | |

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) \geq 3 centimeters but $<$ 8 centimeters
- (2) \geq 8 centimeters but $<$ 15 centimeters
- (3) \geq 15 centimeters but $<$ 30 centimeters
- (4) \geq 30 centimeters but $<$ 46 centimeters
- (5) \geq 46 centimeters but $<$ 61 centimeters
- (6) \geq 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

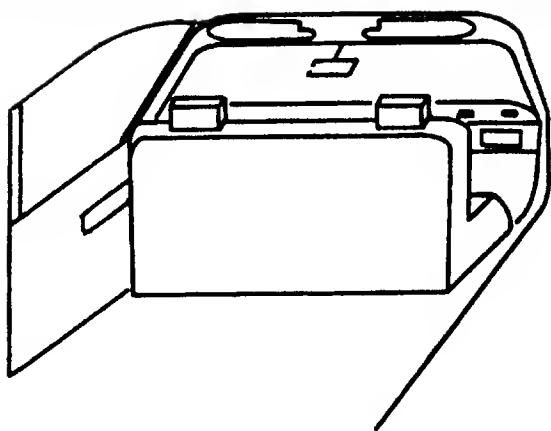
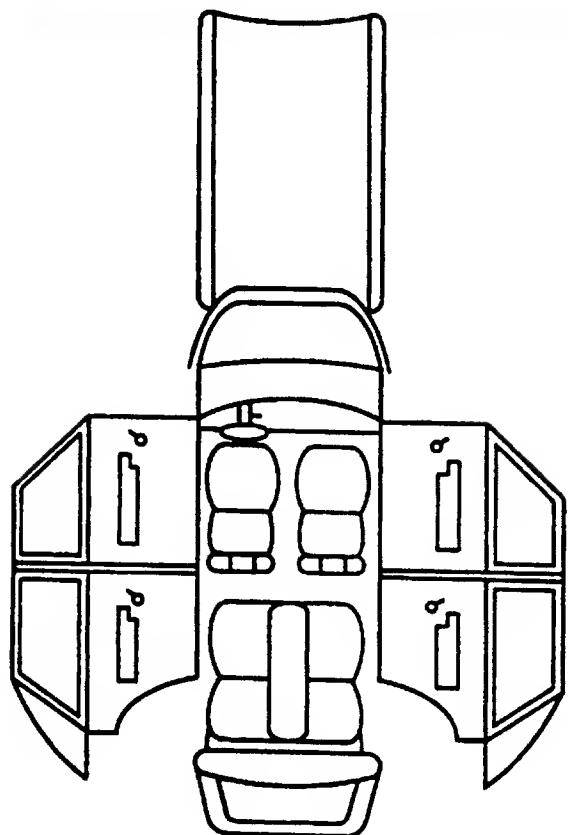
STEERING COLUMN

INSTRUMENT PANEL

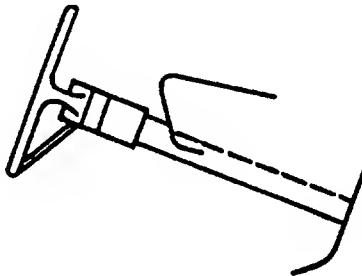
| | | | |
|--|-----------|--|--------------------------------------|
| 87. Steering Column Type | <u>2</u> | 92. Odometer Reading | <u>999</u> ,000 |
| (1) Fixed column | | kilometers | Code to the nearest 1,000 kilometers |
| (2) Tilt column | | (000) No odometer | |
| (3) Telescoping column | | (001) Less than 1,500 kilometers | |
| (4) Tilt and telescoping column | | (500) 499,500 kilometers or more | |
| (8) Other column type (specify): | | (999) Unknown | |
| (9) Unknown | | _____ miles X 1.6093 = _____ kilometers | |
| 88. Tilt Steering Column Adjustment | <u>0</u> | Source: | <u>Unknown</u> |
| (0) No tilt steering column | | 93. Instrument Panel Damage from | |
| (1) Full up | | Occupant Contact? | |
| (2) Between full up and center | | (0) No | |
| (3) Center | | (1) Yes | |
| (4) Between center and full down | | (9) Unknown | |
| (5) Full down | | 94. Type of Knee Bolster Covering | |
| (9) Unknown | | (0) No knee bolster | |
| 89. Telescoping Steering Column Adjustment | <u>0</u> | (1) Padded | |
| (0) No telescoping steering column | | (2) Rigid plastic | |
| (1) Full back | | (8) Other (specify): | |
| (2) Between full back and midpoint | | (9) Unknown | |
| (3) Midpoint | | 95. Knee Bolsters Deformed from | |
| (4) Between midpoint and full forward | | Occupant Contact? | |
| (5) Full forward | | (0) No knee bolster | |
| (9) Unknown | | (1) No deformation | |
| 90. Steering Rim/Spoke Deformation | <u>00</u> | (2) Yes - deformation | |
| Code actual measured | | (9) Unknown | |
| deformation to the nearest centimeter | | 96. Did Glove Compartment Door Open | |
| (00) No steering rim deformation | | During Collision(s)? | |
| (01-14) Actual measured value in centimeters | | (0) No glove compartment door | |
| (15) 15 centimeters or more | | (1) No - door did not open | |
| (98) Observed deformation cannot be measured | | (2) Yes - door opened | |
| (99) Unknown | | (9) Unknown | |
| 91. Location of Steering Rim/Spoke | <u>00</u> | 97. Adaptive (Assistive) Driving Equipment | |
| Deformation | | (0) No adaptive driving equipment | |
| (00) No steering rim deformation | | (1) Adaptive driving equipment installed | |
| <i>Quarter Sections</i> | | (Check all that apply.) | |
| (01) Section A | | <input type="checkbox"/> Hand controls for braking/acceleration | |
| (02) Section B | | <input type="checkbox"/> Steering control devices (attached to OEM steering wheel) | |
| (03) Section C | | <input type="checkbox"/> Steering knob attached to steering wheel | |
| (04) Section D | | <input type="checkbox"/> Low effort power steering (unit or device) | |
| <i>Half Sections</i> | | <input type="checkbox"/> Replacement steering wheel (i.e., reduced diameter) | |
| (05) Upper half of rim/spoke | | <input type="checkbox"/> Joy-stick steering controls | |
| (06) Lower half of rim/spoke | | <input type="checkbox"/> Wheelchair tie-downs | |
| (07) Left half of rim/spoke | | <input type="checkbox"/> Modification to seat belts (specify): | |
| (08) Right half of rim/spoke | | <input type="checkbox"/> Additional or relocated switches (specify): | |
| (09) Complete steering wheel collapse | | <input type="checkbox"/> Raised roof | |
| (10) Undetermined location | | <input type="checkbox"/> Wall-mounted head rest (used behind wheelchair) | |
| (99) Unknown | | <input type="checkbox"/> Other adaptive device (specify): | |
| | | (9) Unknown | |

VEHICLE INTERIOR SKETCHES

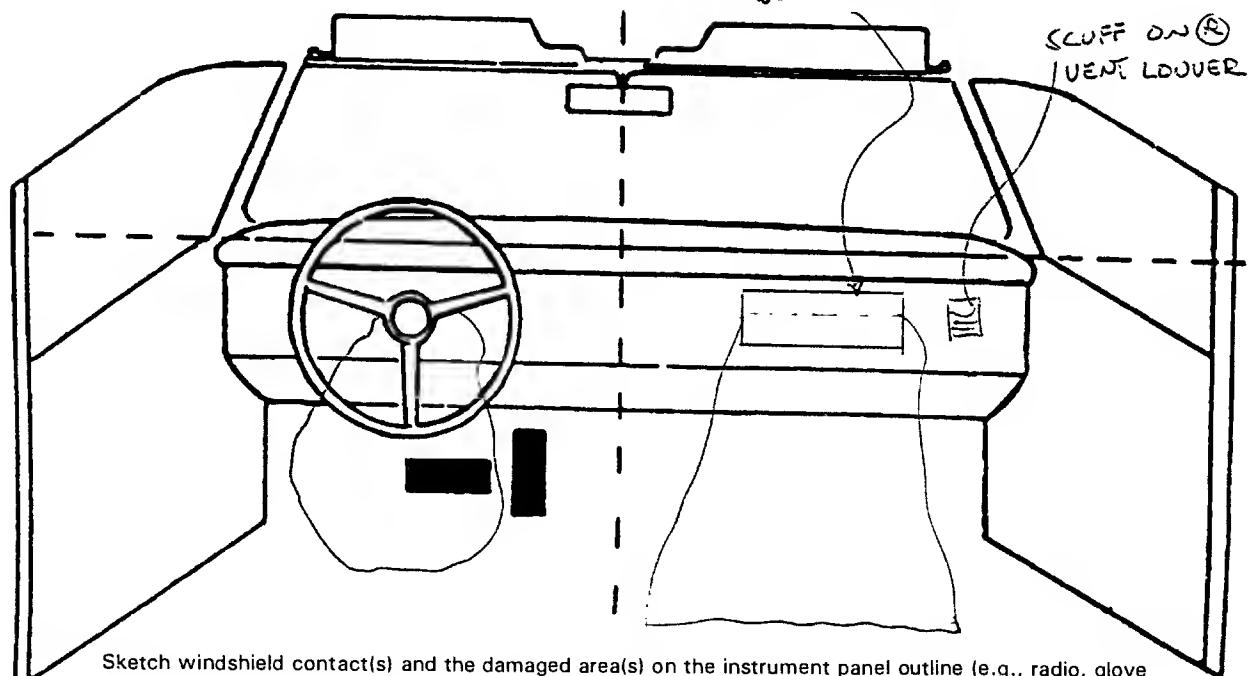
Note area of ejection/entrapment



"NO OCCUPANT CONTACTS"



UPPER FLAP DEFORMED
DUE TO RIG EXPANSION



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
|---------|------------------------------|-----------------------|----------------------|------------------------------|-----------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |

CODES FOR INTERIOR COMPONENTS

FRONT

(001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column/transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tapedeck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

LEFT SIDE

(051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

(101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):

(106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

(151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):

(155) Head restraint system
 (160) Other occupants (specify):

(161) Interior loose objects
 (162) Child safety seat (specify):

(163) Other interior object (specify):

AIR BAG

(170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):

(195) Other air bag compartment cover (specify):

ROOF

(201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

(251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

(301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

(401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

(1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

| | | Left | Center | Right |
|----------------------------|------------------------|------|--------|-------|
| F I R S T | A-Availability | 04 | | 09 |
| | B-Evidence of usage | 04 | | 04 |
| | C-Used in this crash? | 00 | | 03 |
| | D-Proper Use | 0 | | 2 |
| | E-Failure Modes | 0 | | 0 |
| | F-Anchorage Adjustment | 9 | | 4 |
| S E C O N D | A-Availability | 04 | | 04 |
| | B-Evidence of usage | | | |
| | C-Used in this crash? | 00 | | 00 |
| | D-Proper Use | 0 | | 0 |
| | E-Failure Modes | 0 | | 0 |
| | F-Anchorage Adjustment | 1 | | 1 |
| O T H E R | A-Availability | 04 | 03 | 04 |
| | B-Evidence of usage | | | |
| | C-Used in this crash? | 00 | 00 | 00 |
| | D-Proper Use | 0 | 0 | 0 |
| | E-Failure Modes | 0 | 0 | 0 |
| | F-Anchorage Adjustment | 1 | 1 | 1 |

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used - type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____

(9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

| | | Frontal Air Bags--Left Front | Frontal Air Bags-Right Front | Other Air Bag |
|---|-----------------------|------------------------------|------------------------------|---------------|
| F | Availability/Function | / | / | |
| I | Deployment | / | / | |
| R | Failure | / | / | |

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

- Non-functional*
- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, accident sequence undetermined
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

| | | Left | Right |
|---|-------------------------|------|-------|
| F | A-Availability/Function | | |
| I | B-Use | | |
| R | C-Type | | |
| S | D-Proper Use | | |
| T | E-Failure Modes | | |

A-Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

B-Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

C-Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

D-Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

E-Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

(8) Other improper use of automatic belt system

(specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data **for the driver and first seat passenger** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | Driver | Passenger |
|-----------------------------------|--------|-----------|
| A-Type of air bag? | 1 | 1 |
| B-Flaps open at tear points? | 2 | 2 |
| C-Flaps damaged? | 1 | 1 |
| D-Air bag damaged? | 01 | 04 |
| E-Source of air bag damage | 01 | 06 |
| F-Air bag tethered? | 2 | 1 |
| G-Air bag have vent ports? | 1 | 1 |
| H-Other occupant contact air bag? | 1 | 1 |
| I-Occupant wearing eyewear? | 9 | 1 |

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged
- Yes - Air Bag Damage
- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):
- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

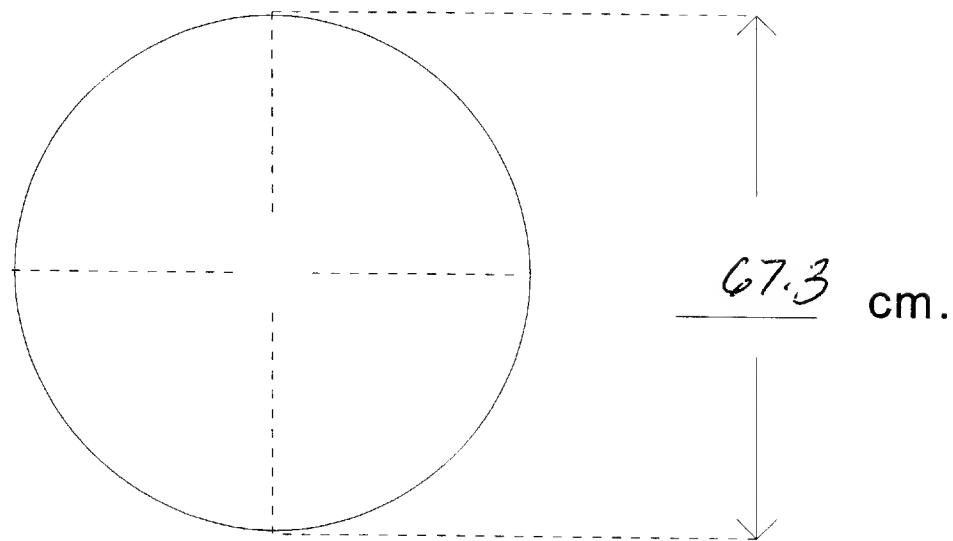
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

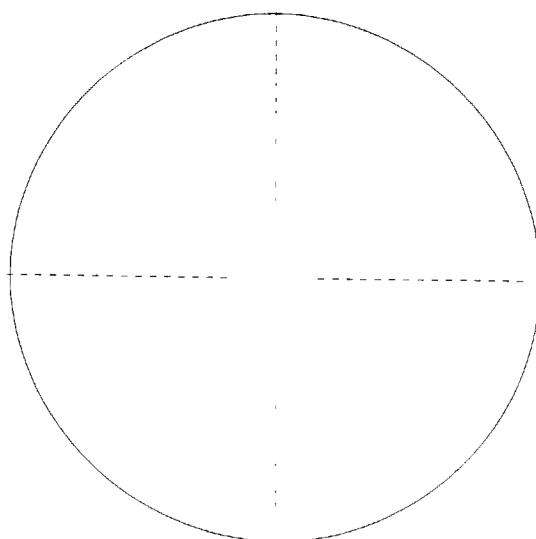
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

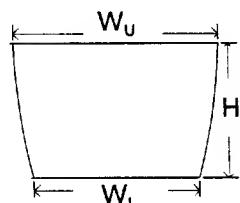


DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_u) _____ width (W_L) _____

height (H) _____



4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

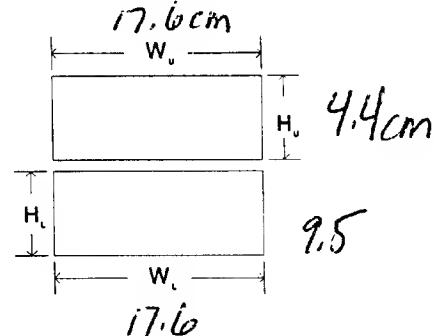
width (W_u) 17.6

height (H_u) 4.4

b. Lower Flap

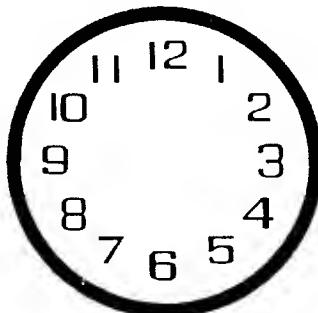
width (W_L) 17.6

height (H_L) 9.5



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

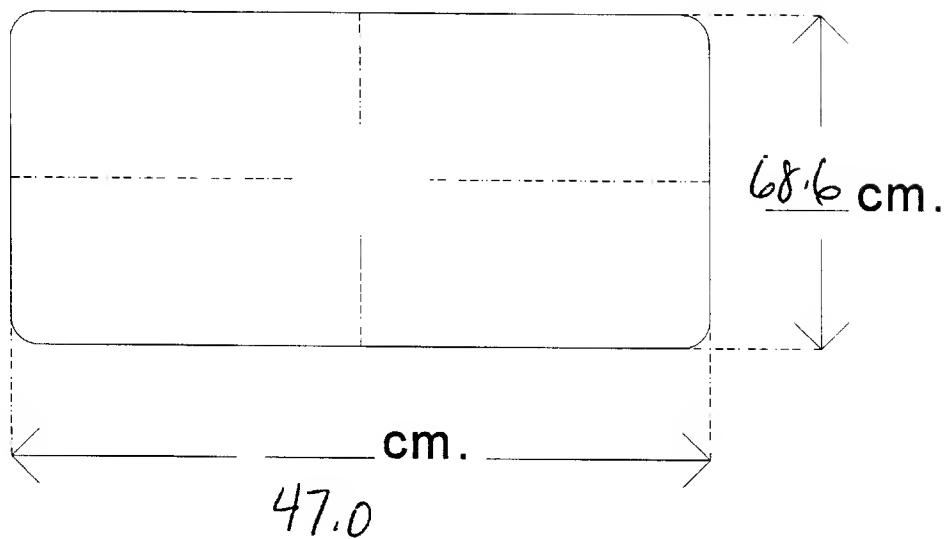
7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



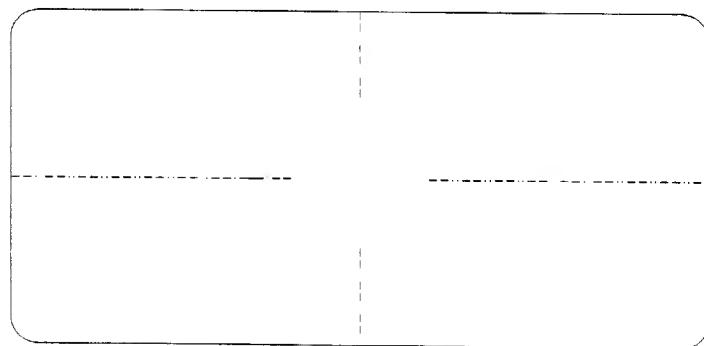
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

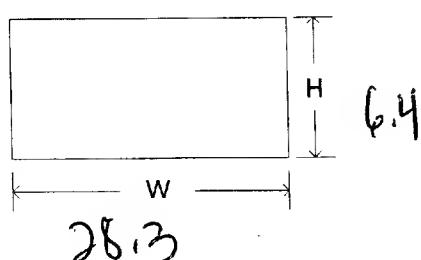


PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 28.3 cm

height (H) 6.4 cm



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. **Upper Flap**

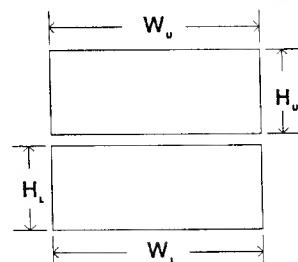
b. Lower Flap

width (W_0)

width (W_L) _____

height (H_0) _____

height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS

| | | | | |
|----|----|----|---|---|
| 10 | 11 | 12 | 1 | 2 |
| 9 | | | 3 | |
| 8 | 7 | 6 | 5 | 4 |

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | | Left | Center | Right |
|----------------------------|-------------------------------------|------|--------|-------|
| F I R S T | A-Head Restraint Type/Damage | 1 | | 1 |
| | B-Seat Type | 09 | | 09 |
| | C-Seat Orientation | 1 | | 1 |
| | D-Seat Track Position | 4 | | 2 |
| | E-Seat Back Incline Pre/Post Impact | 23 | | 23 |
| | F-Seat Performance | 1 | | 1 |
| S E C O N D | A-Head Restraint Type/Damage | 0 | | 0 |
| | B-Seat Type | 03 | | 03 |
| | C-Seat Orientation | 1 | | 1 |
| | D-Seat Track Position | 1 | | 1 |
| | E-Seat Back Incline Pre/Post Impact | 01 | | 01 |
| | F-Seat Performance | 1 | | 1 |
| T H I R D | A-Head Restraint Type/Damage | 0 | 0 | 0 |
| | B-Seat Type | 05 | 05 | 05 |
| | C-Seat Orientation | 1 | 1 | 1 |
| | D-Seat Track Position | 1 | 1 | 1 |
| | E-Seat Back Incline Pre/Post Impact | 01 | 01 | 01 |
| | F-Seat Performance | 1 | 1 | 1 |
| O T H E R | A-Head Restraint Type/Damage | | | |
| | B-Seat Type | | | |
| | C-Seat Orientation | | | |
| | D-Seat Track Position | | | |
| | E-Seat Back Incline Pre/Post Impact | | | |
| | F-Seat Performance | | | |

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

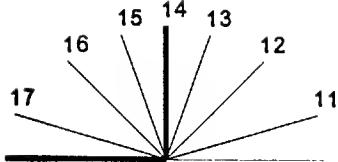
- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

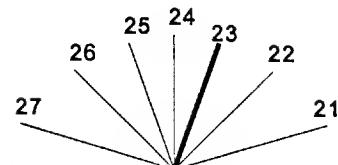
- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

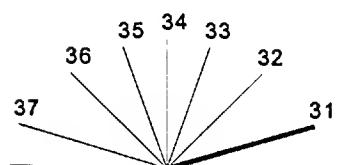
- (00) Occupant not seated or no seat
- (01) Not adjustable
- Upright prior to impact*
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position



- Slightly reclined prior to impact*
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position



- Completely reclined prior to impact*
- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position



Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF

ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT

CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| Occupant Number | 02 | | | | | |
| 1. Type of Child Safety Seat | 1 | | | | | |
| 2. Child Safety Seat Orientation | 01 | | | | | |
| 3. Child Safety Seat Harness Usage | 12 | | | | | |
| 4. Child Safety Seat Shield Usage | 03 | | | | | |
| 5. Child Safety Seat Tether Usage | 03 | | | | | |
| 6. Child Safety Seat Make/Model | Specify Below for Each Child Safety Seat | | | | | |

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight

 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify):
 (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):
 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):
 (29) Unknown orientation
 (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

- 4. Child Safety Seat Shield Usage
- 5. Child Safety Seat Tether Usage
- Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

Pentury

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No Yes

Describe indications of ejection and body parts involved in partial ejection(s):

| | | | | | | |
|--|--|--|--|--|--|--|
| Occupant Number | | | | | | |
| Ejection | | | | | | |
| (Note on Vehicle Interior Sketch) Ejection Area | | | | | | |
| Ejection Medium | | | | | | |
| Medium Status | | | | | | |

| | | |
|--|---|---|
| Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown | (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown | (5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown |
| Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear | Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/> | Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown |

ENTRAPMENT No Yes

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)

ATTACHMENT D

NASS Occupant Forms

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

96-16

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

37

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

168

Code actual height to the nearest centimeter.

(999) Unknown

66 inches X 2.54 = 167.6 centimeters

8. Occupant's Weight

064

Code actual weight to the nearest kilogram.

(999) Unknown

140 pounds X .4536 = 63.5 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

0

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area

(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

14. Ejection Medium

(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

0

15. Medium Status (Immediately Prior To Impact)

(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

0

16. Entrapment

(0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
(9) Unknown

0

17. Occupant Mobility

(0) Occupant fatal before removed from vehicle
(1) Removed from vehicle while unconscious or not oriented to time or place
(2) Removed from vehicle due to perceived serious injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(8) Removed from vehicle for other reasons
(specify): _____
(9) Unknown

4

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability

(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts

(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify):
 (9) Unknown

21. Manual (Active) Belt Failure Modes

During Accident

(0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown

4

22. Manual Shoulder Belt Upper Anchorage Adjustment

(0) No manual shoulder belt
 (1) No upper anchorage adjustment for manual shoulder belt

Adjustable Shoulder Belt Upper Anchorage

(2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

24. Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

25. Automatic (Passive) Belt System Type

(0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):
 (9) Unknown

27. Automatic (Passive) Belt Failure Modes

During Accident

(0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

00

0

4

0

0

0

0

0

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use

(0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

 (9) Police indicated "unknown"

4

29. Police Reported Air Bag Availability/Function

(0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

2

Check the Primary Source Used In Determining Belt Use.

(1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (4) Other (specify):

 (5) Unknown if belt used

30. Frontal Air Bag System Availability/Function

(This Occupant Position)

(0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

 (3) Air bag not reinstalled
 (9) Unknown

1

31. Frontal Air Bag System Deployment

(This Occupant Position)

(0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

1

32. Other Than First Seat Frontal Air Bag Availability/Function

(This Occupant Position)

(0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

 (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

0

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

(0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, details unknown

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

0

34. Are There Indications of Air Bag System Failure?

(This Occupant Position)

(0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (9) Unknown

1

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

(0) Not equipped/not available
(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

(0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

(0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

(00) Not equipped/not available
____ Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

(0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 017

(_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

(0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

(0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

(00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (09) Damaged, unknown source
 (06) Deployed, unknown if damaged
 (07) Not deployed
 (08) Unknown if deployed
 (09) Unknown

45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps): 2
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact
to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 9
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant
at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown

50. Seat Type (this Occupant Position) 09
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown

51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

52. Seat Track Adjusted Position Prior To Impact 4
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

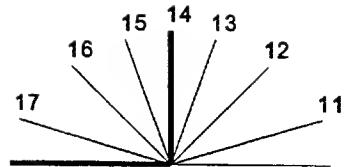
(2) Seat at forward most track position
 (3) Seat between forward most and middle track
positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track
positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 2, 3

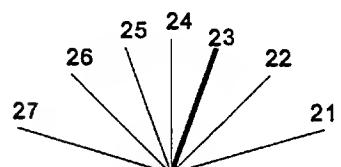
(00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

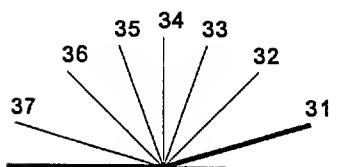
(11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

(21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

(31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

54. Seat Performance (this Occupant Position) 1

(0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

| | |
|---|---|
| <p>55. Child Safety Seat Make/Model <u>000</u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used</p> | <p>58. Child Safety Seat Harness Usage <u>00</u> 59. Child Safety Seat Shield Usage <u>00</u> 60. Child Safety Seat Tether Usage <u>00</u></p> <p>Note: Options below applicable to Variables OA58-OA60.</p> <p>(00) No child safety seat</p> |
| <p>56. Type of Child Safety Seat <u>0</u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> | <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> |
| <p>57. Child Safety Seat Orientation <u>00</u> (00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p> | <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p> |

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

62. Treatment - Mortality

(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

Nonfatal

(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(7) Treatment - other (specify):

(8) Transported to a medical facility-unknown if treated
(9) Unknown

63. Type Of Medical Facility (for Initial Treatment)

(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

(9) Unknown

64. Hospital Stay

(00) Not Hospitalized
_____ Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

65. Working Days Lost

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death

00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death

00

68. 2nd Medically Reported Cause of Death

00

69. 3rd Medically Reported Cause of Death

00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

00

Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

00

(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?

1

(1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃00

(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination

1

(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

96-16

01

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

7 weeks

(97) 97 years and older

(99) Unknown

00

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest centimeter.

(999) Unknown

053

21 inches X 2.54 = 53 centimeters

8. Occupant's Weight

Code actual weight to the nearest kilogram.

(999) Unknown

005

10 pounds X .4536 = 4.53 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

11. Occupant's Posture

(0) Normal posture

8

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

Normal posture in rear facing child seat

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

0

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0

16. Entrapment

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

1

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability

(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts

(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify):
 (9) Unknown

21. Manual (Active) Belt Failure Modes

During Accident

(0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown

BELT SYSTEM FUNCTION

22. Manual Shoulder Belt Upper Anchorage Adjustment

(0) No manual shoulder belt
 (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

(2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

24. Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

25. Automatic (Passive) Belt System Type

(0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):
 (9) Unknown

27. Automatic (Passive) Belt Failure Modes

During Accident

(0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

| POLICE REPORTED RESTRAINT USE | | AIR BAG SYSTEM FUNCTION | |
|---|--|--|--|
| <p>28. Police Reported Belt Use</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown"</p> | | <p>6</p> <p>30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown</p> | |
| <p>29. Police Reported Air Bag Availability/Function</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p> | | <p>2</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> | |
| <p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown if belt used</p> | | <p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i> <hr/> <hr/> <hr/> <hr/> </p> | |
| | | <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> | |
| | | <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown</p> | |

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)?

(0) Not equipped/not available
(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

1

40. Longitudinal Component of

Delta V For Air Bag Deployment Impact

+ 017

(_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

36. Type of Air Bag

(0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

1

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

(0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

2

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System?

(0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

1

42. Were Air Bag Module Cover Flap(s) Damaged?

(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

1

38. Air Bag Deployment Accident Event Sequence Number

01

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact

1

(0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag?

(00) Not equipped/not available
(01) Not damaged

04

Yes - Air Bag Damage

(02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

44. Source of Air Bag Damage 06
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (09) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact
to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant
at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown

50. Seat Type (this Occupant Position) 69
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown

51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

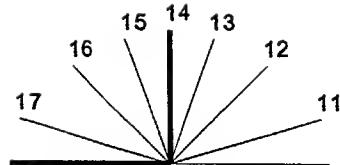
(2) Seat at forward most track position
 (3) Seat between forward most and middle track
positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track
positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

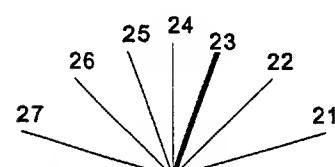
(00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

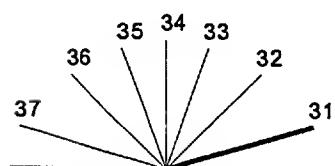
(11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

(21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

(31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

54. Seat Performance (this Occupant Position) 1

(0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify):

(8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

| | |
|---|---|
| <p>55. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <i>Century</i> (998) Unknown make/model (999) Unknown if child safety seat used</p> | <p>58. Child Safety Seat Harness Usage <u>121</u> 59. Child Safety Seat Shield Usage <u>03</u> 60. Child Safety Seat Tether Usage <u>03</u></p> <p>Note: Options below applicable to Variables OA58-OA60.</p> <p>(00) No child safety seat</p> |
| <p>56. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> | <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> |
| <p>57. Child Safety Seat Orientation (00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p> | <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p> |

INJURY CONSEQUENCES

61. Injury Severity (Police Rating)

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

62. Treatment - Mortality

(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

Nonfatal

(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(7) Treatment - other (specify):

(8) Transported to a medical facility-unknown if treated
(9) Unknown

4

63. Type Of Medical Facility (for Initial Treatment)

(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

(9) Unknown

1

64. Hospital Stay

(00) Not Hospitalized
_____ Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

00

65. Working Days Lost

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

97

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death

01

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

21hr

67. 1st Medically Reported Cause of Death

03

68. 2nd Medically Reported Cause of Death

04

69. 3rd Medically Reported Cause of Death

05

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

09

Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

97

(00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood?

1

(1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃01

(00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination

1

(0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



OCCUPANT INJURY FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

OCCUPANT INJURY CLASSIFICATION

| Body Region | Specific Anatomic Structure | Level of Injury | Aspect |
|---|---|---|--|
| (1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified | <u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to: | Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region |
| Type of Anatomic Structure | <u>Whole Area</u> (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical | Whole Area (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical | <u>Abbreviated Injury Scale</u> (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity |
| | <u>Head - LOC</u> (02) Length of LOC (04) Level (06) of (08) Consciousness (10) Concussion | | |
| | <u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar | | |

SOURCE OF INJURY DATA

INJURY SOURCE

DIRECT/INDIRECT INJURY

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

INJURY SOURCES

FRONT

(001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel end below
 (011) Center instrument panel and below
 (012) Right instrument panel end below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object (specify):

(019) Other front object (specify):

LEFT SIDE

(051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):

(056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

(101) Right side interior surface, excluding hardware or armrests

(102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):

(106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

(151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):

(155) Head restraint system
 (160) Other occupants (specify):

(161) Interior loose objects
 (162) Child safety seat (specify):

(163) Other interior object (specify):

AIR BAG

(170) Air bag-driver side
 (171) Air bag-driver side and eyewear
 (172) Air bag-driver side and jewelry
 (173) Air bag-driver side and object held
 (174) Air bag-driver side and object in mouth
 (175) Air bag compartment cover-driver side
 (176) Air bag compartment cover-driver side and eyewear
 (177) Air bag compartment cover-driver side and jewelry
 (178) Air bag compartment cover-driver side and object held
 (179) Air bag compartment cover-driver side and object in mouth
 (180) Air bag-passenger side
 (181) Air bag-passenger side and eyewear
 (182) Air bag-passenger side and jewelry

(183) Air bag-passenger side and object held
 (184) Air bag-passenger side and object in mouth
 (185) Air bag compartment cover-passenger side

(186) Air bag compartment cover-passenger side and eyewear
 (187) Air bag compartment cover-passenger side and jewelry
 (188) Air bag compartment cover-passenger side and object held
 (189) Air bag compartment cover-passenger side and object in mouth

(190) Other air bag (specify):

ROOF

(201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

(251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

(301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

(401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):

(410) Raised roof

(1411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

(451) Hood
 (452) Outside hardware (e.g., outside mirror, antenna)
 (453) Other exterior surface or tires (specify):

(454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

(501) Front bumper
 (502) Hood edge
 (503) Other front of vehicle (specify):

(504) Hood
 (505) Hood ornament
 (506) Windshield, roof rail, A-pillar
 (507) Side surface
 (508) Side mirrors
 (509) Other side protrusions (specify):

(510) Rear surface
 (511) Undercarriage
 (512) Tires and wheels
 (513) Other exterior of other motor vehicle (specify):

(514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

(551) Ground
 (598) Other vehicle or object (specify):

(599) Unknown vehicle or object

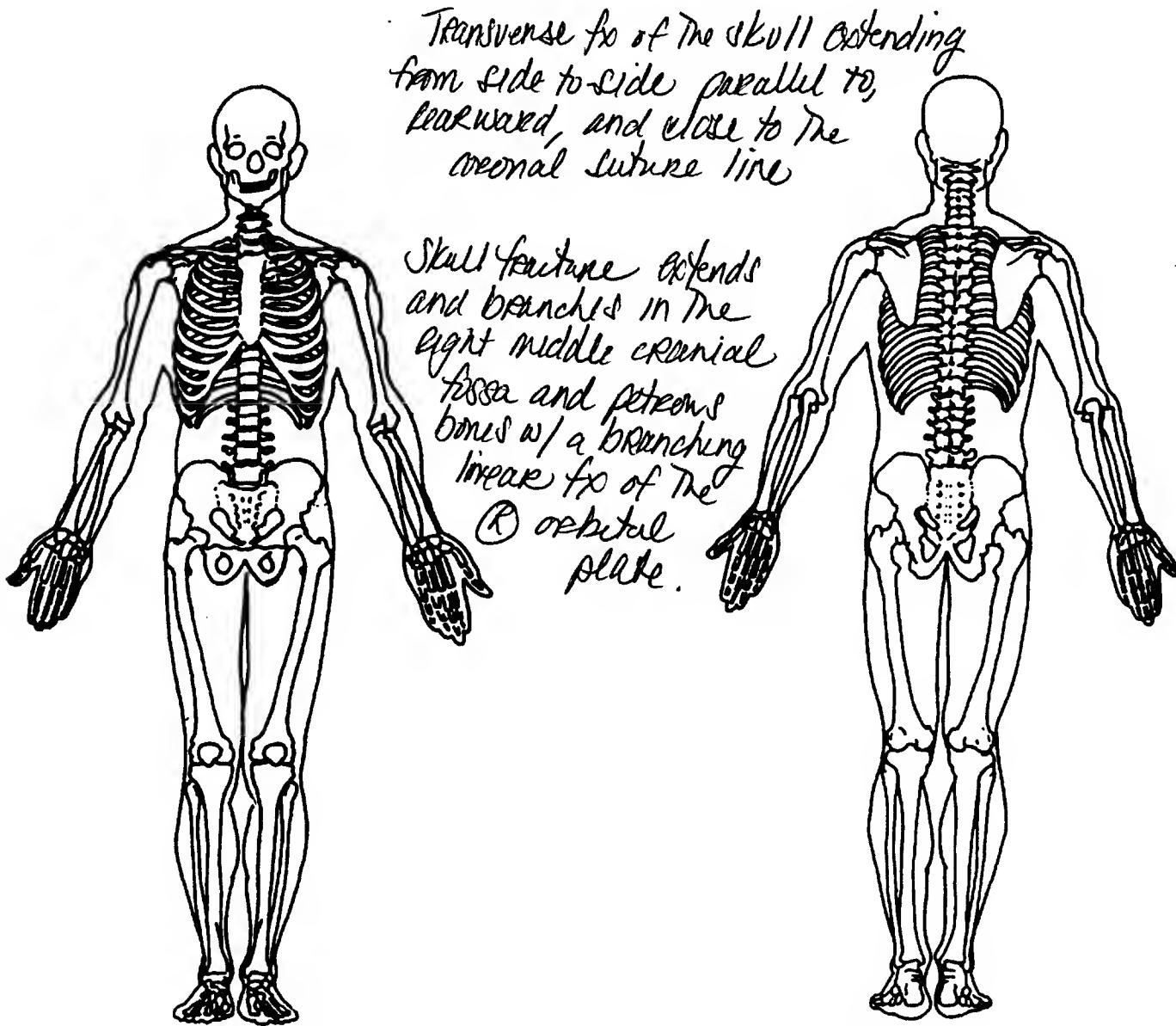
NONCONTACT INJURY

(601) Fire in vehicle
 (602) Flying glass
 (603) Other noncontact injury source (specify):

(604) Air bag exhaust gases
 (697) Injured, unknown source

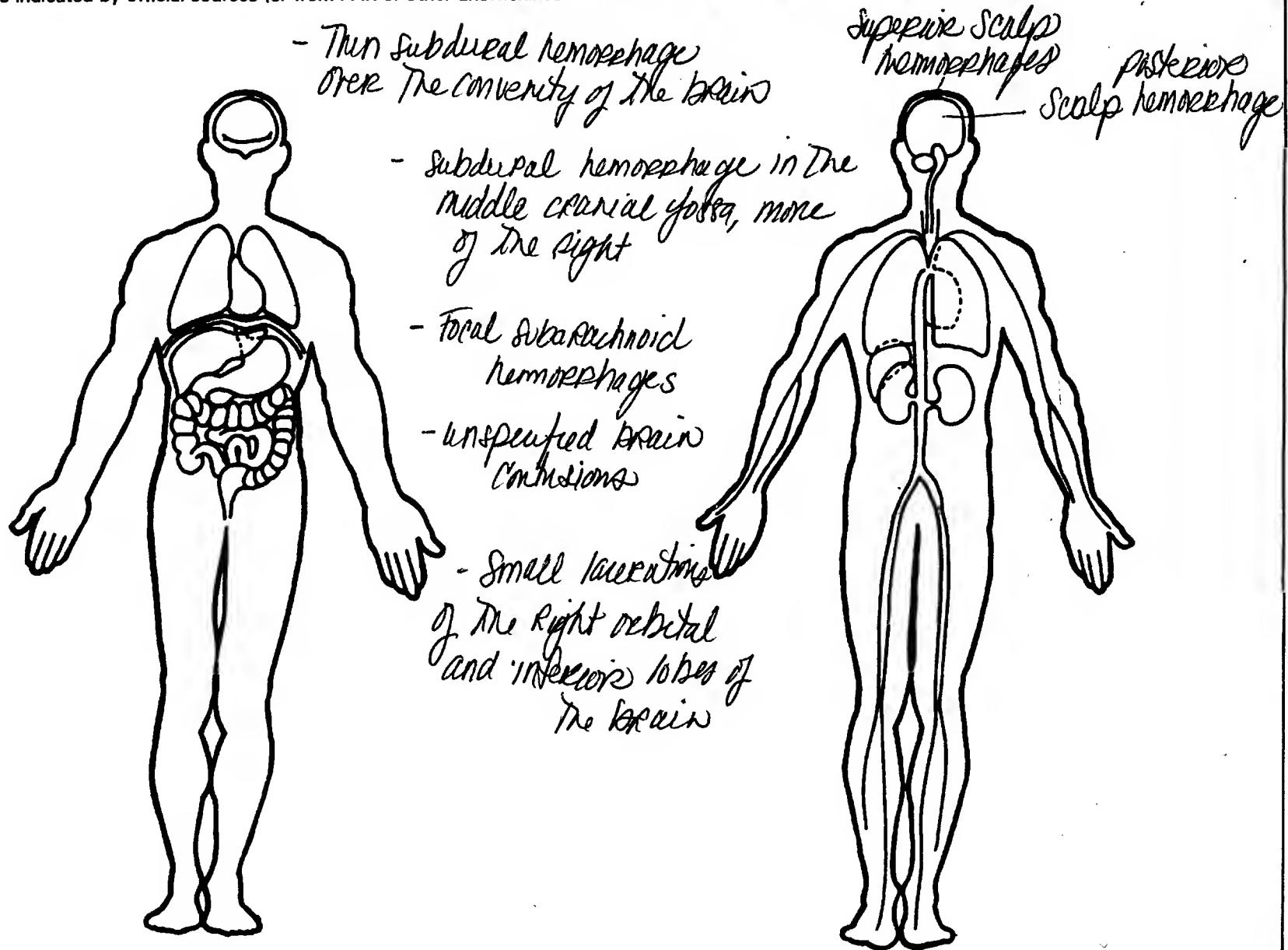
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



FLORIDA TRAFFIC CRASH REPORT

BEST AVAILABLE COPY

X LONG FORM SHORT FORMMAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
FLORIDA

DO NOT WRITE IN THIS SPACE

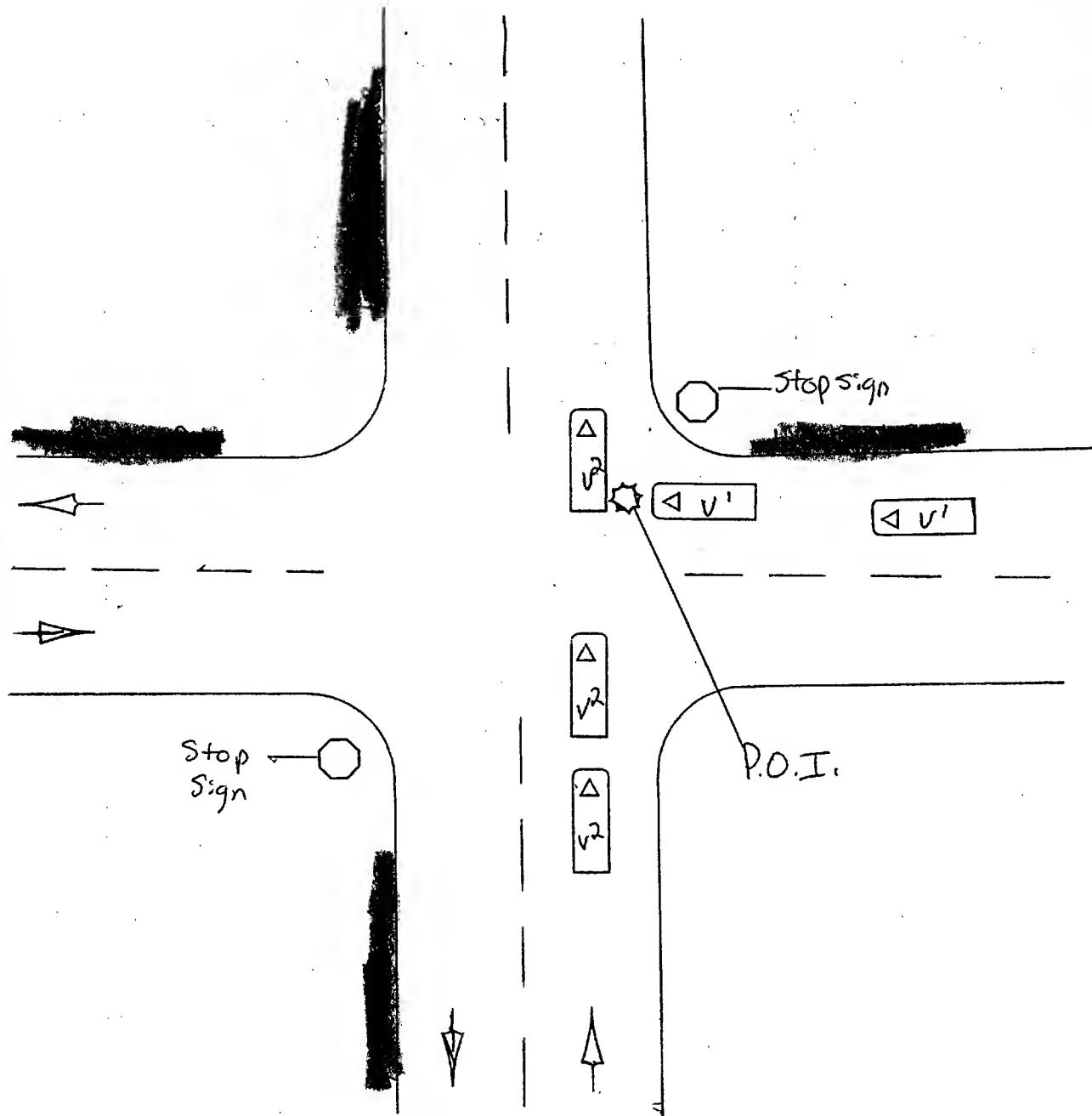
| | | | | | | | | | | | |
|---|---|--|--|---|---|--|--|---|---|-----------|----------|
| Time & Loc. | DATE OF CRASH | TIME OF CRASH | TIME OFFICER NOTIFIED | TIME OFFICER ARRIVED | INVEST. AGENCY REPORT NUMBER | HSMV CRASH REPORT NUMBER | | | | | |
| | 96 | 1049 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | 1050 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | 1052 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | | | | | | |
| County / City Code | Feet or Miles | N S E W | CITY OR TOWN | | (Check if in City or Town) COUNTY | | | | | | |
| | | | | | | | | | | | |
| AT NODE NO. | FEET / MILES | FROM NODE NO. | NEXT NODE NO. | NO. OF LANES | 1 DIVIDED 2 UNDIVIDED | ON STREET, ROAD OR HIGHWAY | | | | | |
| 1 2 | | | 2 | 2 | | | | | | | |
| AT INTERSECTION OF | FEET / MILES | N S E W | OF INTERSECTION OF | | | | | | | | |
| 1 2 | | | | | | | | | | | |
| DRIVER ACTION | 1 Phantom 2 Hit & Run 3 N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER | POINT OF IMPACT CIRCLE AREA OF DAMAGE | | |
| TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer | | |
| VEHICLE TRAVELING | N S E W | ON | At | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE | | | |
| <input checked="" type="checkbox"/> | | | | 25 | 30 | \$4,000 | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Vehicle | INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | | VEHICLE REMOVED BY: | | 1 Tow Rotation List 2 Tow Owner's Request | | 3 Driver 4 Other | | | |
| 1 | No Proof on Scene | | | | | | | <input type="checkbox"/> | | | |
| OWNER'S FULL NAME (Check if Driver) | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | |
| OWNER'S FULL NAME (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | |
| Pedestrian | DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | |
| Driver's License Number | STATE | DL REQ. TYPE END | BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None | RESULTS | AL/DRUG PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| EL 51 | | | | 6 | 1 | 1 | 2 | 2 | 1 | 2/4 | 1 |
| HAZARDOUS MATERIALS BEING TRANSPORTED | 1 Yes 2 No | PLACARDED | 1 Yes 2 No | RECOMMEND | 1 Yes 2 No | If YES, Explain in Narrative | DRIVER'S PHONE NO. | | | | |
| PASSENGER'S NAME (Additional on Continuation Page) | CURRENT ADDRESS | | CITY & STATE / ZIP | | AGE | LOC | INJ. | S. EQUIP. | EJECT. | 7/25 | 3 5 34 1 |
| Driver | DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | |
| Driver's License Number | STATE | DL REQ. TYPE END | BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None | RESULTS | AL/DRUG PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| EL 51 | | | | 5 | 1 | 1 | 2 | 1 | 3 | 1 | 1 |
| HAZARDOUS MATERIALS BEING TRANSPORTED | 1 Yes 2 No | PLACARDED | 1 Yes 2 No | RECOMMEND | 1 Yes 2 No | If YES, Explain in Narrative | DRIVER'S PHONE NO. | | | | |
| PASSENGER'S NAME (Additional on Continuation Page) | CURRENT ADDRESS | | CITY & STATE / ZIP | | AGE | LOC | INJ. | S. EQUIP. | EJECT. | N/A | |
| Pedestrian | DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | |
| Driver's License Number | STATE | DL REQ. TYPE END | BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None | RESULTS | AL/DRUG PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| EL 51 | | | | 5 | 1 | 1 | 2 | 1 | 3 | 1 | 1 |
| HAZARDOUS MATERIALS BEING TRANSPORTED | 1 Yes 2 No | PLACARDED | 1 Yes 2 No | RECOMMEND | 1 Yes 2 No | If YES, Explain in Narrative | DRIVER'S PHONE NO. | | | | |
| PASSENGER'S NAME (Additional on Continuation Page) | CURRENT ADDRESS | | CITY & STATE / ZIP | | AGE | LOC | INJ. | S. EQUIP. | EJECT. | N/A | |
| Vehicle | VEHICLE TYPE | VEHICLE USE | TRAILER TYPE | RESIDENCE (Driver Only) | PHYSICAL DEFECTS | ALCOHOL / DRUG USE | LOCATION (In Vehicle) | | | | |
| 01 Automobile 02 Passenger Van 03 Pickup/Light Truck (2 rear tires) 04 Medium Truck (4 rear tires) 05 Heavy Truck (2 or more rear axles) 06 Truck Tractor (Cab) 07 Motor Home (RV) 08 Bus 09 Bicycle 10 Motorcycle 11 Moped 12 All Terrain Vehicle 13 Train 77 Other | 01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 77 Other | 01 Single Semi Trailer 02 Tandem Semi Trailers(s) 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 77 Other | 1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown | 1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 None | 1 White 2 Black 3 Hispanic 4 Other | 1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect | 1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending BAC Test Result | 1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other | | | |
| REQUIRED ENDORSEMENTS | SEX | 1 Male 2 Female | INJURY SEVERITY | SAFETY EQUIPMENT IN USE | | | | | | | |
| 1 Yes 2 No 3 NR | | | 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 90 Days) 6 Non-Traffic Fatality | 1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag 5 Safety Helmet 6 Eye Protection | | | | | | | |
| Code Imposition | | | | | | | 1 No 2 Yes 3 Partial | | | | |

| | | | | | | | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Section Vehicle | DRIVER: 1 Phantom ACTION: 2 Hit & Run 3 N/A | | YEAR: <input type="text"/> | MAKE: <input type="text"/> | TYPE: <input type="text"/> | USE: <input type="text"/> | VEH. LICENSE NUMBER: <input type="text"/> | STATE: <input type="text"/> | VEHICLE IDENTIFICATION NUMBER: <input type="text"/> | POINT OF IMPACT CIRCLE AREA OF DAMAGE | | | | | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | ON: <input type="text"/> | AT: <input type="text"/> | Est. MPH: <input type="text"/> | Posted Speed: <input type="text"/> | EST. VEHICLE DAMAGE: 1 Disabling 2 Functional 3 No Damage: <input type="checkbox"/> | EST. TRAILER DAMAGE: <input type="checkbox"/> | 18 Undercarriage 19 Overtur 20 Windshield 21 Fire 22 Trailer: <input type="checkbox"/> | | | | | |
| 3 Pedestrian | INSURANCE COMPANY (LIABILITY OR PIP): <input type="text"/> | | POLICY NUMBER: <input type="text"/> | | VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request: <input type="checkbox"/> | | 1 Driver 4 Other: <input type="checkbox"/> | | CITY AND STATE: <input type="text"/> ZIP CODE: <input type="text"/> | | | | | | |
| | OWNER'S FULL NAME (Check if Driver): <input type="text"/> | | CURRENT ADDRESS (Number and Street): <input type="text"/> | | CITY AND STATE: <input type="text"/> ZIP CODE: <input type="text"/> | | CITY AND STATE: <input type="text"/> ZIP CODE: <input type="text"/> | | CITY AND STATE: <input type="text"/> ZIP CODE: <input type="text"/> | | | | | | |
| DRIVER (Exactly as on Driver License) / Pedestrian: <input type="text"/> | | CURRENT ADDRESS (Number and Street): <input type="text"/> | | CITY & STATE / ZIP CODE: <input type="text"/> | | DATE OF BIRTH: <input type="text"/> | | | | | | | | | |
| DRIVER LICENSE NUMBER: <input type="text"/> | | STATE: <input type="text"/> | DL. REQ. TYPE: <input type="text"/> | END: <input type="text"/> | BAC TEST 3 Urine 1 Blood <input type="checkbox"/> 4 Refused <input type="checkbox"/> 2 Breath <input type="checkbox"/> 5 None <input type="checkbox"/> | RESULTS: <input type="checkbox"/> | AL/DRUG: <input type="checkbox"/> | PHYS. DEF.: <input type="checkbox"/> | RES: <input type="checkbox"/> | RACE: <input type="checkbox"/> | SEX: <input type="checkbox"/> | INJ.: <input type="checkbox"/> | S. EQUIP.: <input type="checkbox"/> | EJECT: <input type="checkbox"/> | |
| HAZARDOUS MATERIALS BEING TRANSPORTED: 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> | | PLACARDED: 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> | | RECOMMEND RE-EXAM: 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> | | If YES, Explain in Narrative: <input type="text"/> | | DRIVER'S PHONE NO.: <input type="text"/> | | | | | | | |
| PASSENGER'S NAME (Additional on Continuation Page): <input type="text"/> | | CURRENT ADDRESS: <input type="text"/> | | CITY & STATE / ZIP: <input type="text"/> | | AGE: <input type="text"/> | | LOC.: <input type="text"/> | | INJ.: <input type="checkbox"/> | | S. EQUIP.: <input type="checkbox"/> | | EJECT: <input type="checkbox"/> | |
| PROPERTY DAMAGED - OTHER THAN VEHICLES: <input type="checkbox"/> | | EST. AMOUNT: <input type="text"/> | | OWNER'S NAME: <input type="text"/> | | ADDRESS: <input type="text"/> | | CITY: <input type="text"/> | | STATE: <input type="text"/> | | ZIP: <input type="text"/> | | | |
| PROPERTY DAMAGED - OTHER THAN VEHICLES: <input type="checkbox"/> | | EST. AMOUNT: <input type="text"/> | | OWNER'S NAME: <input type="text"/> | | ADDRESS: <input type="text"/> | | CITY: <input type="text"/> | | STATE: <input type="text"/> | | ZIP: <input type="text"/> | | | |
| CONTRIBUTING CAUSES - DRIVER/PED.: <input type="checkbox"/> | | VEHICLE DEFECT: <input type="checkbox"/> | | VEHICLE MOVEMENT: <input type="checkbox"/> | | VEHICLE SPECIAL FUNCTIONS: <input type="checkbox"/> | | | | | | | | | |
| 01 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic: <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | |
| 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 27 All-Other (Explain): <input type="text"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | |
| LOCATION ON ROADWAY: <input type="checkbox"/> | | PEDESTRIAN ACTION: <input type="checkbox"/> | | LOCATION TYPE: <input type="checkbox"/> | | | | | | | | | | | |
| 1 On Road <input type="checkbox"/> 2 Not On Road <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 5 Turn Lane / Safety Zone <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | |
| 29 MV Ran Into Ditch/Culvert 30 Ran Off Road Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor/Trailer Jackknifed 34 Fire 35 Explosion 77 All Other (Explain): <input type="text"/> | | F <input type="checkbox"/> S <input type="checkbox"/> | ROAD SYSTEM IDENTIFIER: <input type="checkbox"/> | ROAD SURFACE / CONDITION: <input type="checkbox"/> | WEATHER: <input type="checkbox"/> | ROAD SURFACE TYPE: <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | |
| 01 Interstate <input type="checkbox"/> 02 U.S. <input type="checkbox"/> 03 State <input type="checkbox"/> 04 County <input type="checkbox"/> 05 Local <input type="checkbox"/> 06 Turnpike / Toll <input type="checkbox"/> | | 07 Forest Road <input type="checkbox"/> 77 All Other (Explain): <input type="text"/> | 01 Daylight <input type="checkbox"/> 02 Dusk <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dark (Street Light) <input type="checkbox"/> 05 Dark (No Street Light) <input type="checkbox"/> 88 Unknown <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | |
| CONTRIBUTING CAUSES - ROAD: <input type="checkbox"/> | | CONTRIBUTING CAUSES - ENVIRONMENT: <input type="checkbox"/> | | TRAFFIC CONTROL: <input type="checkbox"/> | | SITE LOCATION: <input type="checkbox"/> | | TRAFFICWAY CHARACTER: <input type="checkbox"/> | | | | | | | |
| 01 No Defects <input type="checkbox"/> 02 Obstruction With / Without Warning <input type="checkbox"/> 03 Road Under Repair / Construction <input type="checkbox"/> 04 Loose Surface Materials <input type="checkbox"/> 05 Shoulders - Soft / Low / High <input type="checkbox"/> 06 Holes / Ruts / Unsafe Paved Edge <input type="checkbox"/> 07 Standing Water <input type="checkbox"/> 08 Worn / Polished Road Surface <input type="checkbox"/> 77 All Other (Explain): <input type="text"/> | | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> |
| VIOLATOR: <input type="text"/> | FL STATUTE NUMBER: <input type="text"/> | NAME: <input type="text"/> | CHARGE: <input type="text"/> | CITATION # | | | | | | | | | | | |
| Pending | | | | | | | | | | | | | | | |

DIAGRAM



INDICATE NORTH
WITH ARROW



FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32301

DO NOT WRITE IN THIS SPACE

| | | | | | | | | |
|--------------------------|----------------------|---|---------------------|---|--------------------|---------------|------------------------------|--------------------------|
| EMS INFO FATALS LY | TIME-EMS NOTIFIED | AM <input type="checkbox"/> PM <input type="checkbox"/> | TIME EMS ARRIVED | AM <input type="checkbox"/> PM <input type="checkbox"/> | COUNTY / CITY CODE | DATE OF CRASH | INVEST. AGENCY REPORT NUMBER | HSMV CRASH REPORT NUMBER |
|--------------------------|----------------------|---|---------------------|---|--------------------|---------------|------------------------------|--------------------------|

NARRATIVE / ADDITIONAL PASSENGERS

V² was travelling northbound on [REDACTED]. V¹ was travelling westbound on [REDACTED]. V¹ and V² collided in the intersection of [REDACTED] and [REDACTED]. This officer was dispatched to [REDACTED] in reference to an accident with injuries. This officer was the first officer on scene. Upon my arrival numerous bystanders advised that the Driver of V¹ was at a house on the northeast corner of the intersection with the passenger, her daughter of 7 weeks. This officer attempted to make contact with the driver and passenger [REDACTED] but as I got close to the Driver she began flailing around with the baby in her arms trying to keep everyone away. As this officer tried to speak with the Driver of V¹ [REDACTED] Fire Rescue arrived on scene. This officer walked over to Fire Rescue [REDACTED] to direct the paramedics to Driver and passenger [REDACTED] location. At this time this officer attempted to locate the Driver of V². At first no one on scene would admit to being the Driver of V² but eventually [REDACTED] admitted to be driving the vehicle. Passenger [REDACTED] was immediately being

| SEC # | PASS # | PASSENGER NAME | ADDRESS | CITY & STATE | ZIP | Age | Loc. | Inj | Safety Equip. | Eject |
|-------|--------|----------------|---------|--------------|-----|-----|------|-----|---------------|-------|
| | | | | | | | | | | |
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|----------|-------------------|------|--------|------------|
| VIOLATOR | FL STATUTE NUMBER | NAME | CHARGE | CITATION # |
|----------|-------------------|------|--------|------------|

| | | | | |
|----------|-------------------|------|--------|------------|
| VIOLATOR | FL STATUTE NUMBER | NAME | CHARGE | CITATION # |
|----------|-------------------|------|--------|------------|

| | | | |
|----------------|---------|--------------|-----|
| WITNESS - NAME | ADDRESS | CITY & STATE | ZIP |
|----------------|---------|--------------|-----|

| | | | |
|--------------|------------|------------|------------|
| 1 [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|--------------|------------|------------|------------|

| | | | |
|----------------|---------|--------------|-----|
| WITNESS - NAME | ADDRESS | CITY & STATE | ZIP |
|----------------|---------|--------------|-----|

| | | | |
|--------------|------------|------------|------------|
| 2 [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|--------------|------------|------------|------------|

| | | | | |
|---------------------------|----------------------|-----------------------|------------------|-----------|
| FIRST AID GIVEN BY - NAME | 1 Physician or Nurse | 4 Certified 1st Aider | INJURED TAKEN TO | BY - NAME |
|---------------------------|----------------------|-----------------------|------------------|-----------|

1 Physician or Nurse 4 Certified 1st Aider
2 Paramedic or EMT 5 Other
3 Police Officer

2

INJURED TAKEN TO

BY - NAME

| | | | | | | | | | |
|------------------------------|--|--------|----------------------------|--|----------------|---------------|--|------------------|---------|
| INVESTIGATION MADE AT SCENE? | 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> | WHERE? | IS INVESTIGATION COMPLETE? | 1 YES <input type="checkbox"/> 2 NO <input checked="" type="checkbox"/> WHY? | DATE OF REPORT | PHOTOS TAKEN? | 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> | 3 INVEST. AGENCY | 4 OTHER |
|------------------------------|--|--------|----------------------------|--|----------------|---------------|--|------------------|---------|

2

DATE OF REPORT

916

PHOTOS TAKEN?

3 INVEST. AGENCY

4 OTHER

| | | | |
|---------------------------------|-------------------|------------|------------------|
| INVESTIGATOR - RANK & SIGNATURE | ID / BADGE NUMBER | DEPARTMENT | FHP SO CPD OTHER |
|---------------------------------|-------------------|------------|------------------|

FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
[REDACTED] FLORIDA

DO NOT WRITE IN THIS SPACE

| COUNTY/CITY CODE | | DATE OF CRASH | | INVEST. AGENCY REPORT NUMBER | | HSMV CRASH REPORT NUMBER | | | | | | | | | | |
|--|----|---------------|-------|------------------------------|--------------|-------------------------------------|--|--|---------|---|------------------------------|---------------------|--------------------|--------|-----------|--------|
| 196 | | | | | | | | | | | | | | | | |
| RIVER 1 Phantom ACTION 2 Hit & Run 3 N/A | | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER | | POINT OF IMPACT | | | | | | |
| TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | CIRCLE AREA OF DAMAGE | | | | | | |
| VEHICLE TRAVELING N S E W | | ON | AI | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | | 1 Disabling 2 Functional 3 No Damage | | 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer | | | | | | |
| | | | | | | \$ | | | | \$ | | | | | | |
| INSURANCE COMPANY (LIABILITY OR PIP) | | | | | | POLICY NUMBER | | VEHICLE REMOVED BY: | | 1 Tow Rotation List 2 Tow Owner's Request | | 3 Driver 4 Other | | | | |
| OWNER'S FULL NAME (Check if Driver) | | | | | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | |
| OWNER'S FULL NAME (Trailer or Towed Vehicle) | | | | | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | |
| DRIVER (Exactly as on Driver License) / Pedestrian | | | | | | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | | |
| DRIVER LICENSE NUMBER | | | STATE | DL TYPE | REQ. END. | BAC TEST | 3 Urine 1 Blood 2 Breath 5 None | RESULTS | AL/DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| HAZARDOUS MATERIALS BEING TRANSPORTED | | | 1 Yes | 2 No | PLACARDED | 1 Yes | 2 No | RECOMMEND | 1 Yes | 2 No | If YES, Explain in Narrative | | DRIVER'S PHONE NO. | | | |
| PASSENGER'S NAME (Additional on Continuation Page) | | | | | | CURRENT ADDRESS | | CITY & STATE / ZIP | | AGE | LOC. | INJ. | S. EQUIP. | EJECT. | | |
| DRIVER ACTION | | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER | | POINT OF IMPACT | | | | | | |
| 2 Hit & Run 3 N/A | | | | | | | | | | CIRCLE AREA OF DAMAGE | | | | | | |
| TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer | | | | | | |
| VEHICLE TRAVELING N S E W | | ON | AI | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | | 1 Disabling 2 Functional 3 No Damage | | CIRCLE AREA OF DAMAGE | | | | | | |
| | | | | | | \$ | | | | \$ | | | | | | |
| INSURANCE COMPANY (LIABILITY OR PIP) | | | | | | POLICY NUMBER | | VEHICLE REMOVED BY: | | 1 Tow Rotation List 2 Tow Owner's Request | | 3 Driver 4 Other | | | | |
| OWNER'S FULL NAME (Check if Driver) | | | | | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | |
| OWNER'S FULL NAME (Trailer or Towed Vehicle) | | | | | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | |
| DRIVER (Exactly as on Driver License) / Pedestrian | | | | | | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | | |
| DRIVER LICENSE NUMBER | | | STATE | DL TYPE | REQ. END. | BAC TEST | 3 Urine 1 Blood 2 Breath 5 None | RESULTS | AL/DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| HAZARDOUS MATERIALS BEING TRANSPORTED | | | 1 Yes | 2 No | PLACARDED | 1 Yes | 2 No | RECOMMEND | 1 Yes | 2 No | If YES, Explain in Narrative | | DRIVER'S PHONE NO. | | | |
| PASSENGER'S NAME (Additional on Continuation Page) | | | | | | CURRENT ADDRESS | | CITY & STATE / ZIP | | AGE | LOC. | INJ. | S. EQUIP. | EJECT. | | |
| INVESTIGATOR - RANK AND SIGNATURE | | | | | | | | | | | | | | | | |
| ID/BADGE NUMBER | | | | | | | | | | | | | | | | |
| DEPARTMENT | | | | | | | | | | | | | | | | |
| FHP | SO | CPD | OTHER | | | | | | | | | | | | | |

| | | | | | | |
|--|-------------------|--------------|---------|------|-------|-----|
| PROPERTY DAMAGED - OTHER THAN VEHICLES #1 | EST. AMOUNT \$ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
| PROPERTY DAMAGED - OTHER THAN VEHICLES #2 | EST. AMOUNT \$ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
| PROPERTY DAMAGED - OTHER THAN VEHICLES #3 | EST. AMOUNT \$ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
| PROPERTY DAMAGED - OTHER THAN VEHICLES #4 | EST. AMOUNT \$ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |

| | | | | |
|---|--|--|---|---------------------------|
| CONTRIBUTING CAUSES - DRIVER/PED. | | VEHICLE DEFECT | VEHICLE MOVEMENT | VEHICLE SPECIAL FUNCTIONS |
| 01 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic | 01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect | 01 Straight Ahead 02 Slowing/Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn | 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance | |
| 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side/Way 22 Fleeing Police 23 Vehicle Modified 77 All Other (Explain in Narrative) | 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone | 01 Crossing Not at Intersection 02 Crossing at Mid-Block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road | 07 Other Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain) 88 Unknown | |
| LOCATION ON ROADWAY | | PEDESTRIAN ACTION | | |

Additional Passengers / Narrative

| SEC. # | PASS. # | PASSENGER NAME | ADDRESS | CITY & STATE | ZIP | Age | Loc. | Inj. | Safety Equip. | Eject |
|---|---------|----------------|---------|--------------|-----|-----|------|------|---------------|-------|
| <p>treated as a trauma alert case and was transported by Rescue Unit #52 to [REDACTED] where she was later determined to be deceased. Passenger [REDACTED] was in a child seat facing the passenger seat, but when the passenger side airbag deployed it caused life injuries to the deceased. Driver of V was constantly combative with the officer scene as well as Fire Rescue personnel. [REDACTED] of [REDACTED] Fire Rescue noticed a distinct odor of alcohol on the Driver of V's breath and noticed [REDACTED] officer. Driver of V was turned over to [REDACTED] to conduct a DUI investigation ([REDACTED]). This officer also</p> | | | | | | | | | | |

| | | | |
|----------------|---------|--------------|-----|
| WITNESS - NAME | ADDRESS | CITY & STATE | ZIP |
|----------------|---------|--------------|-----|

| | | | | | | | | | | | |
|----------------------------------|--------------------------------|--|----------------------------|--------------------------------|--------------------------------------|----------------|---------------|----------------------------------|---------------------------------|---|------------------------------------|
| WAS INVESTIGATION MADE AT SCENE? | 1 Yes <input type="checkbox"/> | 2 No - Where? <input type="checkbox"/> | IS INVESTIGATION COMPLETE? | 1 Yes <input type="checkbox"/> | 2 No - Why? <input type="checkbox"/> | DATE OF REPORT | PHOTOS TAKEN? | 1 - Yes <input type="checkbox"/> | 2 - No <input type="checkbox"/> | 3 - Investigating Agency <input type="checkbox"/> | 4 - Other <input type="checkbox"/> |
|----------------------------------|--------------------------------|--|----------------------------|--------------------------------|--------------------------------------|----------------|---------------|----------------------------------|---------------------------------|---|------------------------------------|

| | | | | |
|----------|-------------------|------|--------|------------|
| VIOLATOR | FL STATUTE NUMBER | NAME | CHARGE | CITATION # |
| | | | | |
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FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | | | | | | | |
|--|--|--------------------------------------|---------|-------------------------------------|----------------------------------|--------------------------------|--|--|--|------|---------------------------|--------|------|-----------|--------|
| | | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER | HSMV CRASH REPORT NUMBER | | | | | | |
| DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A | | TRAILER OR TOWED VEHICLE INFORMATION | | TRAILER TYPE | | | | | | | | | | | |
| | | ON | At | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE | POINT OF IMPACT 1 Circle 2 Area of Damage 3 Undercarriage 4 Overtur 5 Windshield 6 Fire 7 Trailer | | | | | | |
| INSURANCE COMPANY (LIABILITY OR PIP) | | | | POLICY NUMBER | | VEHICLE REMOVED BY: | | 1 Tow Rotation List 2 Tow Owner's Request | | | | | | | |
| OWNER'S FULL NAME (Check if Driver) | | | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | |
| OWNER'S FULL NAME (Trailer or Towed Vehicle) | | | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | |
| DRIVER (Exactly as on Driver License) / Pedestrian | | | | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | | | |
| DRIVER LICENSE NUMBER | | STATE | DL TYPE | REQ. END. | BAC TEST 1 Blood 2 Breath | 3 Urine 4 Refused 5 None | RESULTS % | AL/DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | | PLACARDED | | 1 Yes <input type="checkbox"/> | 2 No <input type="checkbox"/> | RECOMMEND RE-EXAM | 1 Yes <input type="checkbox"/> | 2 No <input type="checkbox"/> | If YES, Explain in Narrative | | DRIVER'S PHONE NO. () | | | | |
| PASSENGER'S NAME (Additional on Continuation Page) | | | | CURRENT ADDRESS | | CITY & STATE / ZIP | | AGE | LOC. | INJ. | S. EQUIP. | EJECT. | | | |
| DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A | | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER | POINT OF IMPACT 1 Circle 2 Area of Damage 3 Undercarriage 4 Overtur 5 Windshield 6 Fire 7 Trailer | | | | | | |
| TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | | | | | |
| | | ON | At | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE | POINT OF IMPACT 1 Circle 2 Area of Damage 3 Undercarriage 4 Overtur 5 Windshield 6 Fire 7 Trailer | | | | | | |
| INSURANCE COMPANY (LIABILITY OR PIP) | | | | POLICY NUMBER | | VEHICLE REMOVED BY: | | 1 Tow Rotation List 2 Tow Owner's Request | | | | | | | |
| OWNER'S FULL NAME (Check if Driver) | | | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | |
| OWNER'S FULL NAME (Trailer or Towed Vehicle) | | | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | |
| DRIVER (Exactly as on Driver License) / Pedestrian | | | | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | | | |
| DRIVER LICENSE NUMBER | | STATE | DL TYPE | REQ. END. | BAC TEST 1 Blood 2 Breath | 3 Urine 4 Refused 5 None | RESULTS % | AL/DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | | PLACARDED | | 1 Yes <input type="checkbox"/> | 2 No <input type="checkbox"/> | RECOMMEND RE-EXAM | 1 Yes <input type="checkbox"/> | 2 No <input type="checkbox"/> | If YES, Explain in Narrative | | DRIVER'S PHONE NO. () | | | | |
| PASSENGER'S NAME (Additional on Continuation Page) | | | | CURRENT ADDRESS | | CITY & STATE / ZIP | | AGE | LOC. | INJ. | S. EQUIP. | EJECT. | | | |
| INVESTIGATOR - RANK AND SIGNATURE | | | | ID/BADGE NUMBER | | DEPARTMENT | | FHP | SO | CPD | OTHER | | | | |

| PROPERTY DAMAGED - OTHER THAN VEHICLES # 1 | EST. AMOUNT \$ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
|---|-------------------|--------------|---------|------|-------|-----|
| PROPERTY DAMAGED - OTHER THAN VEHICLES # 2 | EST. AMOUNT \$ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
| PROPERTY DAMAGED - OTHER THAN VEHICLES # 3 | EST. AMOUNT \$ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
| PROPERTY DAMAGED - OTHER THAN VEHICLES # 4 | EST. AMOUNT \$ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |

| CONTRIBUTING CAUSES - DRIVER/PED. | | VEHICLE DEFECT | VEHICLE MOVEMENT | VEHICLE SPECIAL FUNCTIONS |
|---|--|--|---|---------------------------|
| 01 No Improper Driving/Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic | 01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect | 01 Straight Ahead 02 Slowing/Stopped/Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn | 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction/Maintenance | |
| 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side/Way 22 Fleeing Police 23 Vehicle Modified 77 All Other (Explain in Narrative) | 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane/Safety Zone | 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road | 07 Other Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain) 88 Unknown | |
| LOCATION ON ROADWAY | PEDESTRIAN ACTION | | | |

Additional Passengers / Narrative

| SEC. # | PASS. # | PASSENGER NAME | ADDRESS | CITY & STATE | ZIP | Age | Loc. | Inj. | Safety Equip. | Eject |
|--------|---------|---|---------|--------------|-----|-----|------|------|---------------|-------|
| | | Spoke to [REDACTED] who lives at [REDACTED]. She advised that she attempted to perform CPR on passenger [REDACTED] prior to my arrival but Driver of V ¹ struck her several times and told her to get away. Driver of V ² advised that he had no license and no insurance and had only recently purchased the car, & he was no registered in the vehicle only a copy of the title. Driver of V ² advised that he was traveling northbound on [REDACTED] when he observed V ¹ run the stop sign at [REDACTED] and collide with his vehicle. Driver of V ² did have a suspended license that was suspended 11 times prior. | | | | | | | | |
| | | Witness ([REDACTED]) and witness ([REDACTED]) were in a white | | | | | | | | |

WITNESS - NAME ADDRESS CITY & STATE ZIP

WAS INVESTIGATION 1 Yes 2 No - Where? IS INVESTIGATION 1 Yes 2 No - Why? DATE OF REPORT PHOTOS TAKEN? 1 - Yes 2 - No 3 - Investigating Agency 4 Other
MADE AT SCENE? COMPLETE?

| VIOLATOR | FL STATUTE NUMBER | NAME | CHARGE | CITATION # |
|----------|-------------------|------|--------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
FLORIDA

DO NOT WRITE IN THIS SPACE

| | | COUNTY/CITY CODE | | DATE OF CRASH | | INVEST. AGENCY REPORT NUMBER | | HSMV CRASH REPORT NUMBER | | | | | | | |
|--|---|------------------|-------------------------------------|---------------|-----------------|--|-------------------------|---|--|--|---------------------------|-----------|--------|-----------|--------|
| S e c t i o n - | [REDACTED] | | [REDACTED] 96 | | [REDACTED] | | [REDACTED] | | | | | | | | |
| | 1. Driver 2. Passenger 3. Pedestrian 4. Motorcyclist 5. Driver of Towed Vehicle 6. Pedestrian of Towed Vehicle 7. Motorcyclist of Towed Vehicle | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER | POINT OF IMPACT 1. Driver 2. Passenger 3. Pedestrian 4. Motorcyclist 5. Driver of Towed Vehicle 6. Pedestrian of Towed Vehicle 7. Motorcyclist of Towed Vehicle | | | | | | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | TRAILER TYPE | | | | | | 1. Circle 2. Area of Damage 3. Undercarriage 4. Overturn 5. Windshield 6. Fire 7. Trailer | | | | | | |
| | VEHICLE TRAVELING N S E W | | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE \$ | | | | | | |
| | INSURANCE COMPANY (LIABILITY OR PIP) | | POLICY NUMBER | | | | VEHICLE REMOVED BY: | | 1. Tow Rotation List 2. Tow Owner's Request | 3. Driver 4. Other | | | | | |
| | OWNER'S FULL NAME (Check if Driver) | | CURRENT ADDRESS (Number and Street) | | | | CITY AND STATE | | ZIP CODE | | | | | | |
| | OWNER'S FULL NAME (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | | | CITY AND STATE | | ZIP CODE | | | | | | |
| | DRIVER (Exactly as on Driver License) / Pedestrian | | CURRENT ADDRESS (Number and Street) | | | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | | |
| | DRIVER LICENSE NUMBER | | STATE | DL TYPE | REQ. END. | BAC TEST 1. Blood 2. Breath 3. Urine 4. Refused 5. None | RESULTS % | AL/DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| | HAZARDOUS MATERIALS 1. Yes 2. No BEING TRANSPORTED | | PLACARDED | | 1. Yes 2. No | | RECOMMEND RE-EXAM | 1. Yes 2. No | If YES, Explain in Narrative | | DRIVER'S PHONE NO. () | | | | |
| PASSENGER'S NAME (Additional on Continuation Page) | | CURRENT ADDRESS | | | | CITY & STATE / ZIP | | AGE | LOC. | INJ. | S. EQUIP. | EJECT. | | | |
| S e c t i o n - | DRIVER 1. Phantom 2. Hit & Run 3. N/A | | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER | POINT OF IMPACT 1. Circle 2. Area of Damage 3. Undercarriage 4. Overturn 5. Windshield 6. Fire 7. Trailer | | | | | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | TRAILER TYPE | | | | | | 1. Circle 2. Area of Damage 3. Undercarriage 4. Overturn 5. Windshield 6. Fire 7. Trailer | | | | | | |
| | VEHICLE TRAVELING N S E W | | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE \$ | | | | | | |
| | INSURANCE COMPANY (LIABILITY OR PIP) | | POLICY NUMBER | | | | VEHICLE REMOVED BY: | | 1. Tow Rotation List 2. Tow Owner's Request | 3. Driver 4. Other | | | | | |
| | OWNER'S FULL NAME (Check if Driver) | | CURRENT ADDRESS (Number and Street) | | | | CITY AND STATE | | ZIP CODE | | | | | | |
| | OWNER'S FULL NAME (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | | | CITY AND STATE | | ZIP CODE | | | | | | |
| | DRIVER (Exactly as on Driver License) / Pedestrian | | CURRENT ADDRESS (Number and Street) | | | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | | |
| | DRIVER LICENSE NUMBER | | STATE | DL TYPE | REQ. END. | BAC TEST 1. Blood 2. Breath 3. Urine 4. Refused 5. None | RESULTS % | AL/DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| | HAZARDOUS MATERIALS 1. Yes 2. No BEING TRANSPORTED | | PLACARDED | | 1. Yes 2. No | | RECOMMEND RE-EXAM | 1. Yes 2. No | If YES, Explain in Narrative | | DRIVER'S PHONE NO. () | | | | |
| | PASSENGER'S NAME (Additional on Continuation Page) | | CURRENT ADDRESS | | | | CITY & STATE / ZIP | | AGE | LOC. | INJ. | S. EQUIP. | EJECT. | | |
| INVESTIGATOR - BANK AND SIGNATURE | | | | | ID/BADGE NUMBER | | DEPARTMENT | | FHP | SO | CPD | OTHER | | | |

| PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
|--|-------------|--------------|---------|------|-------|-----|
| # 1 | \$ | | | | | |
| PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
| # 2 | \$ | | | | | |
| PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
| # 4 | \$ | | | | | |
| PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |

WITNESS - NAME _____ ADDRESS _____ CITY & STATE _____ ZIP _____

WAS INVESTIGATION MADE AT SCENE? 1 Yes 2 No - Where? IS INVESTIGATION COMPLETE? 1 Yes 2 No - Why? DATE OF REPORT PHOTOS TAKEN? 1. Yes 2 - No 3 - Investigating Agency 4 - Other

| VIOLATOR | FL STATUTE NUMBER | NAME | CHARGE | CITATION # |
|----------|-------------------|------|--------|------------|
| | | | | |
| | | | | |

EXAMINER TO

EXAMINER P.02

EXAMINER

NAME: J. [REDACTED]
SEX: Female RACE: Black
DATE OF AUTOPSY: 04 [REDACTED]
PROSECUTOR: D. [REDACTED]

AUTOPSY NO. [REDACTED]
AGE: [REDACTED]
TIME: 1

ANATOMIC DISORDERS:

I. BLUNT FORCE TRAUMA OF HEAD

- a. Scalp hemorrhages
- b. Fractures of skull
- c. Subdural hemorrhage
- d. Sub-arachnoid hemorrhage
- e. Contusions and lacerations of brain

OPINION:

[REDACTED] a six-week-old female infant, died as a result of blunt force injuries of the head sustained in a vehicular accident.

The manner of death is deemed to be: ACCIDENT

[REDACTED] M.D., F.L.B., M.B.B.S.
Chief Medical Examiner

15:45 FROM [REDACTED] SAWED TO [REDACTED]

P.03

1996 10:00 A.M. [REDACTED]

GENERAL INFORMATION

10 Mns
21
fit over tip of skull
The body is that of a Black female infant, adequately nourished, weighing 10 pounds, measuring 21 inches and appearing to be smaller than expected according to the stated age.

The body is nude.

No jewelry, rings or watch is present.

The temperature of the body is cold to the touch. Rigor mortis is well developed and present to an equal extent in all joints. Fixed liver mortis is evident over the posterior parts of the body, except in areas exposed to pressure, where it is absent. The skin is unremarkable.

The head hair is black. Palpation of the head reveals fractures over the top of the skull. The eyes are brown with pale conjunctivae. The cornea and lenses are transparent. No petechial hemorrhages or congestion is noted in either conjunctivae. The pupils are regular, round, equal, central and measure 0.4 cm in diameter. The external ears and external auditory canals are unremarkable except for the presence of blood in the right ear. The skeleton of the nose is intact and no foreign material is present in the nostrils. No foreign material is present in the oral cavity. The gums are unremarkable and edentulous. The lips, oral mucosa and the tongue reveal no evidence of trauma.

The neck is symmetrical and unremarkable.

The shoulders are symmetrical.

The chest is symmetrical and unremarkable. The breasts are unremarkable.

The abdomen is slightly bulging and no masses can be palpated through the abdominal wall. The umbilicus is slightly bulging and herniated.

The back is symmetrical and unremarkable.

The external genitalia and the anus are unremarkable.

The extremities are symmetrical and unremarkable. The fingernails are regular, and unremarkable. The toenails are unremarkable. No edema is present in the ankles or legs.

2

15145 PBM

P.04

Feb 10, 1996 10:00 A.M.

Passive motion of the neck, shoulders, elbows, wrists, fingers, hips, knees and ankles fails to elicit any bony crepitus or abnormal motion.

ANESTHESIA, RECOVERY, MEDICAL/STURGICAL TREATMENT:

Endotracheal and naso-gastric tubes.

Hospital band on left

C.V. incision in left groin

Intra-bony infusion needle in the right tibia

GENERAL SURVEY:

The body is opened by a "Y" shaped incision. The abdominal fat pad is 0.3 cm thick at the umbilicus. The muscles of the chest and abdominal wall are normal in color and consistency. The ribs, sternum and spine exhibit no fractures. The pleural cavities are smooth and do not contain excess fluid. The peritoneal cavity is unremarkable. The liver extends 3.0 cm below the costal margin. The bladder lies below the symphysis pubis. The organs of the pleural and peritoneal cavities are in their usual positions in situ. The mesentery and omentum are unremarkable.

NECK:

The soft tissues of the neck, thyroid and cricoid cartilages, larynx, and hyoid bone show no hemorrhage or evidence of traumatic injury. The laryngeal mucosa is pale. The epiglottis and vocal cords are unremarkable.

 CARDIOPULMONARY SYSTEM:

The heart weighs 25 grams. The pericardium contains 1-2 cc of serous liquid. There are no congenital abnormalities of the heart or the major blood vessels. The epicardial surface is smooth. The external configuration of the heart is unremarkable. The foramen ovale is probe patent. The right and left ventricles are unremarkable. The endocardium and valve leaflets are smooth and transparent; they exhibit no thrombi, vegetations or fibrosis. The trabeculae carneae and papillary muscles are unremarkable. The chordae tendineae are usual. The right ventricle is 0.5 cm thick and the left ventricle is 0.3 cm thick.

The coronary arteries have their usual distribution with a right predominance and are unremarkable. The coronary ostia are normal in patency. The myocardium is brown-reddish, firm and homogeneous.

The aorta unremarkable.

15:46

TO

P.05

October 1996 10:00 a.m.

The venae cavae are unremarkable.

PULMONARY SYSTEM:

The right lung weighs 35 grams and the left lung weighs 30 grams. The tracheal mucosa is pale with a few focal sub-mucosal hemorrhages. The pleurae are delicate and glistening. The lungs are slightly distended and are variegated pink to red. The lung parenchyma is of usual consistency. The lung tissue is slightly congested. No nodularity and no focal or diffuse lesions are seen.

The extra and intrapulmonary bronchi are unremarkable. The pulmonary arteries and veins exhibit no pathologic change. The hilar and mediastinal lymph nodes are unremarkable.

HEPATO-BILIARY SYSTEM:

The liver weighs 180 grams. The capsule of Glisson is transparent. The external surface is smooth, glistening and transparent. The borders are sharp. The parenchyma is of usual consistency and brown red with the usual lobular architecture and no focal or tissue lesions.

The gallbladder has delicate walls and contains a minimal amount of yellowish bile and has a smooth mucosa. No stones are present.

The intra and extrahepatic biliary ducts are patent. The hepatic and portal veins and the hepatic artery are unremarkable.

HEMO-INTERVASCULAR SYSTEM:

The spleen weighs 10 grams and is unremarkable. The capsule is glistening and transparent. The internal architecture is clearly defined.

GASTRO-INTESTINAL SYSTEM:

The esophagus is empty and unremarkable. The stomach contains 25 grams of white cheesy curd. The remainder of the gastrointestinal system is unremarkable.

The appendix is identified.

URINARY SYSTEM:

The right kidney weighs 13 grams and the left kidney weighs 14

13:46 FROM

P.65

December 6, 1996 10:00 A.M.

ovaria. The surfaces are smooth and show fetal lobulation. The capsules strip easily, revealing a red-brown surface. The portico-medullary junction is well defined. The calyceal and collecting systems are not remarkable. The renal arteries and veins are unremarkable.

The ureters are not dilated or obstructed.

The bladder is empty. The bladder exhibits the usual mucosa and muscularis. The ureteral orifices are patent.

The uterus and adnexae are infantile and unremarkable.

ENDOCRINE SYSTEM:

The adrenals, thyroid, parathyroids, pancreas and pituitary are not remarkable.

MUSCULOSKELETAL SYSTEM:

There are no gross bony deformities. The muscles are well developed and of the usual color and consistency. The sternum, ribs and spina exhibit the usual bone density and marrow.

SYSTEM OF NERVES AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected, revealing scalp hemorrhages, more marked posteriorly and on the top of the head. The calvarium is removed, revealing a transverse fracture, extending from side to side, parallel to and behind and close to the coronal suture. The fracture extends and branches in the right middle cranial fossa and petrous bones. There is also a branching linear fracture of the right orbital plate.

The dura mater exhibit a thin sub-dural hemorrhage over the convexity of the brain, and sub-dural hemorrhages are seen in the middle cranial fossae more on the right. Focal sub-arachnoid hemorrhages are also focally seen. The right orbital and inferior temporal lobes show small lacerations. The brain weighs 510 grams. The trauma has been described above. The sulci and gyri occupy their usual position. The blood vessels at the base do not reveal any aneurysms or other abnormalities. The cerebral and cerebellar hemispheres are symmetrical and the surface does not display any scar tissue. The ventricles contain the usual amount of colorless fluid. The cerebellar tonsils are not herniated. Multiple sections through the cerebrum, cerebellum, pons, midbrain and medulla exhibit the usual internal pattern with no focal or diffuse lesions, except for trauma.

1997 14:27 FROM

TO P.07

15:47 FROM

TO

P.07

1996 10:00 a.m.

BEST AVAILABLE COPY

TOTAL P.07

11:57:37 AM

1997

VINASSIST Version 1.12

(c) by NICB 1991

Law Enforcement Edition

VIN: [REDACTED]

| DIGIT | DESCRIPTION | MEANING |
|--------|----------------------|---------------------------|
| 2 | Country of Origin | CANADA |
| B | Manufacturer | DODG DODGE |
| 4 | Vehicle Type | MULTI PURPOSE VEHICLE |
| F | Gross Vehicle Weight | 4001 - 5000 GVWR HYD |
| P | Line | CARAVAN/GRAND CARAVAN FWD |
| 2 | Series | CARAVAN/CARAVAN FWD |
| 5 | Body Style | WAGON |
| B | Engine | 2.4L I4 16V (MPI) |
| U | Check Digit | * Calculated as - 4 |
| T | Year | 1996 |
| R | Assembly Plant | WINDSOR, ONTARIO, CANADA |
| 781379 | Sequence Number | * OUT OF RANGE |

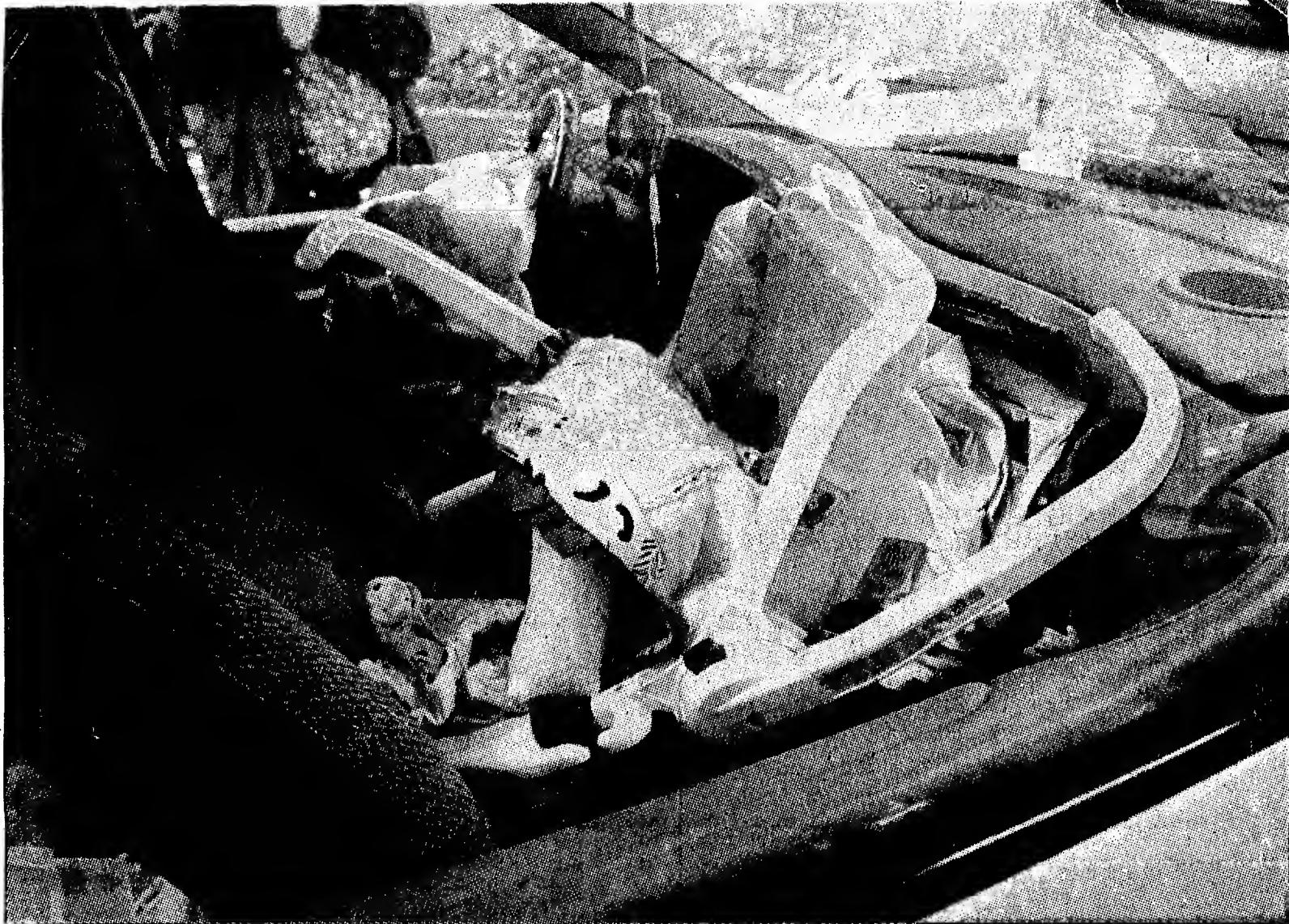
--VIN Failed Test--

* Invalid Digit

VIN indicates a 1996 DODGE WAGON

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DEADLY DECISION: Baby [REDACTED] died [REDACTED] when a

air bag in front of her infant seat. The visor of the van she was in warns against placing child seats in the front seat.

Van's air bag crushed baby's head

[REDACTED] determined Thursday that a 7-week-old infant killed in a car crash died when an air bag hit her infant seat.

"At the time of impact, the air bag inflated as it was supposed to. It hit the back of the infant seat," [REDACTED] said.

[REDACTED] suffered a "compression fracture because of this dramatic impact, causing almost instantaneous death," he said.

The accident happened about 10:50 p.m. [REDACTED] when [REDACTED] the baby's mother, ran a stop sign in [REDACTED] and slammed into a pass-

When the air bag inflated, it hit the back of the baby seat, 'causing almost instantaneous death,' the medical examiner said.

ing Chevrolet, police spokeswoman [REDACTED] said.

Police think [REDACTED] was going about 25 miles per hour when her new Dodge van hit a 1966 Chevrolet driven by [REDACTED]

Police say [REDACTED] was westbound on [REDACTED] when she ran the stop sign and crashed into [REDACTED] car, which was headed north on [REDACTED]

[REDACTED] Witnesses told police it appeared that [REDACTED] never hit the brakes.

The collision caused only relatively minor damage to the vehicles.

But it was enough to cause the van's air bags to deploy. [REDACTED] was facing backward in an infant seat that was secured to the front seat of the van. The air bag struck with such force that

it broke the infant seat and crushed the baby's head.

The van's visor carries a warning against placing a child seat in the front.

"It was a survivable accident if the child seat had been in the back seat," [REDACTED] said.

Police have not filed charges against [REDACTED]

"They're waiting for the completion of the investigation before filing any charges," [REDACTED] said.

Investigators are waiting for results of a blood-alcohol test taken the night of the accident. The test was ordered because there were indications that [REDACTED] might have been drinking, police said.